



**YOUR CHILD
FROM ONE TO SIX**

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YOUR CHILD
from
ONE TO SIX



FEDERAL SECURITY AGENCY
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Foreword

THE bulletins for parents, long published by the Children's Bureau, represent one aspect of the Federal Security Agency's general concern for the health and well-being of the Nation's families.

"Your Child From One to Six" was first published in 1918, under the title "Child Care—the Preschool Years," as a sequel to "Infant Care," which had first been issued in 1914. Completely rewritten in the present edition, this guide represents recent thought on various aspects of the care and development of young children. From centering attention on techniques of child care and training, the leaders in this field have now come to place their main emphasis on the relationships involved in living together in a family. Studies of children's behavior have revealed that parents' attitudes and personalities and the way they feel about their children play a much larger part in a child's healthy development than does any set of rules they may follow in bringing up their children. The present text attempts to show how emotional maturity in parents themselves can bring about the security and affectionate understanding that must underlie sound and creative family relationships.

This publication was written by Mrs. Marion L. Faegre, Parent Education Consultant in the Division of Research in Child Development of the Children's Bureau, and Dr. Caroline A. Chandler, a former member of the Division, under the general supervision of Dr. Katherine Bain, Director of that Division. Marjorie Heseltine, Chief of the Bureau's Nutrition Unit, contributed the material on food and nutrition. It has been reviewed and approved by the Pediatric Advisory Committee of the Children's Bureau—Dr. Howard Childs Carpenter, for many years representing the American Child Health Association, now dissolved; Dr. Julius H. Hess, representing the section on diseases of children of the American Medical Association; Dr. Richard M. Smith, representing the American Pediatric Society; and Dr. J. H. Mason Knox, representing the American Academy of Pediatrics. It was reviewed, also, by a number of other specialists in pediatrics, child development, social work, psychology, and psychiatry. To these many persons, all of whom made helpful suggestions, grateful thanks are extended and especially to three persons who reviewed the material in great detail: Dr. C. Anderson Aldrich, Dr. Milton J. Senn, and Dr. George S. Stevenson.

It is hoped that this bulletin will be useful to the many thousands of mothers whose children are now going through that interesting period that comes between the first birthday and the beginning of the school years.

Oscar T. Ewing

Federal Security Administrator.

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ILLUSTRATIONS

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Out of Babyhood Into Childhood

PARENTS who are making every effort to help their children grow and develop like to have guidance on the questions that arise in the preschool years.

How soon will my child walk and talk?

When will he be ready for a sand box?

What are the best foods for him to eat?

How can he be helped to build good habits?

What can be done to keep him from getting sick?

This bulletin has been prepared in order to help parents solve some of the problems that arise in every family and to help them carry out the advice of the family doctor.

Both parents are involved in raising a child. The father, though not generally in such intimate contact with young children as the mother, has no less important a part to play in their upbringing. A boy especially needs the companionship of a father even early in life, and boys and girls both will have more complete lives if they and their fathers share a close comradeship. Moreover, close cooperation and mutual understanding between parents with regard to the health and welfare of their children will encourage harmonious family relationships. To be secure in his world, a little child must feel loved and wanted by both his parents and be sure of their love for each other as well as for him.

From 1 to 6 is a period of rapid change in a child's development. A month in the life of a preschool child is packed so full of new experiences that it is like many months in the life of an adult. New sensations—new sights, sounds, contacts, smells, and tastes—enter his life daily. Each new experience prepares him for the next one, provided he is allowed to set his own pace of development.

In these preschool years his experiences become wider and wider, first in his own family and then outside. At 1 year the child may be able to pull off his socks; at 2 he can manage a little three-wheeled car; at 3 he plies his mother with questions; at 4 he buttons his own clothes; at 5 he plays well with other children and carries on easy conversations with adults.

Think of him at 6 years all set to go to school. If he has been taught to do things for himself, has been encouraged in forming his own good habits, and has learned to give and take in playing with other children, he will be ready to meet the new world of school successfully.

YOUR CHILD FROM ONE TO SIX

Growth and Development

ALL children grow and develop according to the same general pattern. An average infant from birth to 1 year gradually gains in weight and height and learns first to lift his head, then to sit alone, and then to stand. Similarly the average child from 1 to 6 grows and develops very much like all other children of his age. Among many other things, children learn during this period to use their hands skillfully, to walk steadily, to run and to skip, to talk easily, and to play happily with other children.

But there are normally great differences in the rate at which children grow and develop and the age at which they are able to do certain things. Some have doubled their birth weight at 5 months and some at 7 months. Some walk at 13 months, others not until 18 months. Parents must not be impatient for their child to do the same things that another child of his age can do. It is a mistaken idea that a child who is slow to walk or talk is necessarily backward. Children who are mentally dull are slow in learning to do these things, but a great many very bright people too have been slow in learning to walk and talk.

Parents can expect that their children will do things in the same order: that is, a baby will always be able to sit before he can stand, to use his hands well before he can use his legs and feet, and to creep before he walks. This is because growth proceeds from the head downward. The arms and hands are skillful before the body is, and the legs and feet are the last to develop.

Parents can do nothing to hurry this development; it comes as the child's body matures. But they can try to see that nothing interferes with the unfolding of their child's powers. They can give their baby a chance for great freedom of movement, letting him often lie unclothed so that he can kick and roll over. They can help him learn to use his hands by letting him hold his spoon and cup as soon as he wants to try. And they can talk to him, walk around the room with him, let him see and handle many kinds of objects.

PHYSICAL GROWTH

Most children at 1 year weigh about three times what they weighed at birth and have grown from 8 to 10 inches in height. After growing very rapidly during this first year, a child slows

down during the next few years, so that he puts on only 4 to 5 pounds a year. This is sometimes disturbing to the mother who is not prepared for it, and she thinks something must be wrong when her child fails to gain as fast as when he was a baby. This slowing down in the child's development is perfectly natural; there will be times of rapid growth alternating with times of slower growth.

As the child develops out of babyhood, noticeable changes are taking place in the size and shape of the different parts of his body. He gradually loses the chubbiness that is characteristic of most babies and lengthens out into slimmer proportions. As he begins to be very active, his weight will be made up more of muscle than of fat. Often he does not seem to be eating so much for his size as he did when he was a baby, but if he is gaining regularly this need not disturb his mother.

One very noticeable change is that the child's head, which made up one-fourth of his body length at first, does not grow nearly so rapidly as other parts of his body. It was so large at birth that even with this slow rate of growth a child's head at the age of 5 is almost as large as it will ever be. Its circumference grows less than an inch after this time. The brain is half as large at birth as it will be in adulthood; and when a child is 6 his brain has about completed its growth in size. Changes in the brain cells and nerve connections that make it more and more mature will be going on for many years, however.

At birth the upper part of the child's face was far larger than the lower part. This changes as the teeth come in and the jaws develop. The face loses its flat look, and the nose becomes less rounded. The child's neck, short and

inconspicuous when he was a baby, lengthens.

The little child's arms, short in proportion to his trunk at birth, begin to grow in length. So do his legs, though at a slower rate. The legs of a 2-year-old are much shorter in proportion than the legs of a 4-year-old, and much less strong, so that the younger child depends much more on his arms than on his legs in climbing.

Because of different family and racial backgrounds, children vary so much in physical growth that two children of the same age are seldom alike in height or weight. There can be as much as 10 inches difference in height between a very small 3-year-old and one who is unusually large for his age—as large as a great many 4-year-olds. The average height of a 3-year-old is about 38 inches, but some will be only 33 inches tall, while others will be 43 inches. In general, children follow the body build of their parents, but they may not follow it to extremes. If a father is extremely tall, for example, his son may not be so tall, as there is a tendency away from extremes and toward an average. Moreover, children are affected, just as their parents were, by such things as food patterns, climate, and other influences of environment.

The child who is large as a baby will be likely to grow faster than a small baby; one who is large at 2 will usually be taller and heavier than the average at 4, and at later ages, too. Probably because of better diet and for other reasons, recent generations of children have tended to be taller than their parents or grandparents.

Many children grow about 3 inches a year during this period. They usually add about 5 pounds a year in weight between the ages of 1 and 2, and after that gain about 4 pounds yearly until they are 6 or 7. Growth

tables that were formerly so much referred to tended to give parents concern if their child did not measure up to the "average" for a given age; they are no longer considered useful. Each child's physical state is now judged by his own individual growth rather than by comparison with an average of the weights and heights of a great many children.

Growth differs at different times of year. Children in the United States grow more in height in the spring and early summer and put on weight more rapidly in the fall.

Changes keep going on in the make-up of the child's skeleton, too. The bones of the baby are relatively soft and flexible and contain less bony tissue and more marrow than they will later. As the child grows older, the bones thicken and become stronger; they gradually have more mineral content and less soft tissue. When a child's bones are less hard than is normal in early childhood, as they are if he has rickets, pressure on them may easily cause deformities. The bowlegs of a child who has rickets result from the position in which he sits or lies or from attempts to stand when the legs are not strong enough to carry the child's weight. Fortunately, such children are not seen so frequently nowadays as in the past because most parents know the advantages of exposing babies to sunlight and giving them fish-liver oil in the first months of life.

Boys and girls differ in this matter of growth. Although girls are usually a little shorter and lighter in weight than boys at birth, their bony structure is further developed. From being about a month ahead of a boy at birth, the girl forges ahead more rapidly and at the age of 6 years her bony structure is about a year advanced over that of a boy of the same age. Because their

skeletons and nervous systems are more developed, girls learn more easily than boys of the same age to dress themselves, to write, and to do other things that depend on skill in using the bones and muscles of the wrist.

WATCHING YOUR CHILD GROW

At 1 Year

The year-old child is a creeper and a climber. He can pull himself up to a sitting position and while sitting he can turn himself around in various directions. Although he can stand if supported by his hands, he usually prefers to be on his hands and knees. Such "walking" as he does is often done on all fours. Some children can stand alone at one year, and some even walk forward, but this is the exception rather than the rule.

Toward the end of the first year, the child can hold a cup and may use a spoon clumsily. Generally, however, he prefers to pick up bits of food with his fingers. By this time he will probably have been weaned from the bottle. At bedtime he likes to help pull off his socks, although he may spend considerable time trying to put them back on again, much to a parent's dismay! This is the period, however, when the baby is becoming a child and his parents can best help him to develop by encouraging him to do things for himself.

The young child likes to play with many little things at a time and takes delight in picking them up and dropping them. Adults are often surprised at the length of time a 1-year-old can spend happily in this fashion. To them it seems boring and highly monotonous. In fact, some parents even get alarmed over this behavior, thinking perhaps it means their baby is not bright. On the contrary, this picking



The 3-year-old's fingers are gaining skill in making fine movements.

up and dropping represents a process of learning. The baby, having learned how to hold an object in his hand, must now learn how to unclench his fist to drop it. And he learns by doing a thing over and over again.

Around 1 year the baby will often say "da-da" and wave "bye-bye." He enjoys playing "peek-a-boo" and throwing things down from his high chair or out of his play pen. He loves an audience and is often a great mimic.

Most children at 1 year have six teeth.

At 2 Years

The 2-year-old is a "run-about." Although not yet very sure-footed, he has passed through the wobbly months when bumps and tumbles were very frequent. By holding on to a hand or a rail he can go upstairs, one step at a time. He can throw a ball and ride a little three-wheeled car.

He builds blocks into small towers, pulls open drawers, and delights in

taking things out and putting them back. He likes to fill and empty things over and over again. Washing is wonderful fun and he goes in for this with much dabbling and splashing. If he has been allowed to feed himself, he can generally eat rather neatly by the end of the second year. He likes to help undress himself.

At 2 years he may speak in short sentences as well as single words. "Dis is mine," "Daddy aw' gone," "Wanta wide car," "Gonna pway blocks," are good examples. Nursery rhymes are beginning to interest him. Some 2-year-olds will occasionally surprise their parents by reciting short jingles that have been read to them.

Parents should not be too disturbed if a child around this age begins to say "no" to almost everything. This "no" or negativistic stage is not an unusual phase in a child's development.

It used to be thought that a baby should be taught bowel and bladder control before he was a year old. We now know from scientific studies that such attempts at early toilet training are useless because the nerves and muscles necessary for such control are not fully developed until sometime in the second year of life. In a few infants regularity in bowel movements seems to be established in the early months of life, but this is the exception rather than the rule.

Generally, however, bowel control can be accomplished by 15 or 18 months. As for bladder control, many children at 2 years have learned to keep dry, except perhaps at night.

Most children at 2 years have 16 teeth.

At 3 Years

Of all the preschool years, the third year is one of the most fascinating in the growth of the child. The 3-year-old can *do* things. He can run and

jump and climb; he can ride a tricycle. He bustles back and forth, up and down stairs, and can even turn corners and stop abruptly.

He can *do* things with his arms and hands and with his legs and feet. He delights in playing with modeling clay and in his sand box. He can make a train or a tower out of blocks or cubes. He can fold a piece of paper crosswise or lengthwise and can draw crosses on paper with crayons. He can put away his toys when playtime is over.

The 3-year-old will help with dressing as well as with undressing himself. Sometime between 3 and 4 he usually learns to unbutton buttons—much to his delight. If he has hooks within his reach he can hang up his own coat and hat after being outdoors. Since little girls develop more rapidly than little boys, some 3-year-old girls are able to dress themselves with very little help.

With supervision the 3-year-old can wash his hands and put his towel back on his own rack or hook. He can eat without much spilling and can drink from a cup with enthusiasm, particularly at fruit-juice time.

At 3 the child speaks in short sentences and usually with animation. He pays great attention to adults, listens to their words, and watches their faces for clues as to their approval or disapproval. He is willing to accept suggestions from grown-ups, such as "Shall we put the blocks away now?" or "Let's put on our hats and coats now," and acts on them with vigor. He likes to listen to simple stories and nursery rhymes and he loves being a bear or a doggie or a horse. He is very curious about people and things around him and asks many simple questions.

Most 3-year-olds sleep through the night without wetting the bed and if

given a hand with buttons, when necessary, can go to the toilet themselves during the day.

Most children have all 20 of their "first teeth" at 30 months.

At 4 Years

If 3 can be called the age of "doing," 4 is the age of "finding out." "Why" and "how" are two of the words most frequently used by the 4-year-old.

Not that the 4-year-old is not a "doer" also, because he is, of course, very active. He can run, jump, and climb with much more ease, grace, and sureness than the 3-year-old. He can pitch a ball and build a house with blocks. He likes to play with other children.

In addition to asking many questions, the 4-year-old can carry on a running conversation with another child or an adult. He is very fond of saying such things as: "Now I will make something else; I did that *before*. I can make something different." He likes to listen to stories and nursery rhymes. Stories that he particularly loves he wants to hear over and over again with not the slightest change in detail. *Peter Rabbit* and *The Three Bears* are often great favorites at this age.

At 4 the child can dress and undress himself if his clothes are simple and buttons within reach. He can go to the toilet without any help at all.

At 5 to 6 Years

The 5-year-old usually can hop—even on one foot—skip, and turn somersaults. He can handle his sled or wagon with ease.

He likes to cut and paste and draw pictures. He likes clothes and loves to dress up. He prefers playing with other children, especially in group projects such as building houses, ga-

rages, switch yards. In the home he likes to help his mother with the washing and the sweeping and his father with the hammering and the painting. He can be very skillful in handling tools and utensils if they are suited to his size.

The 5-year-old is more reliable than the 4-year-old. He likes to feel independent. He loves to hear and to tell stories, but he is more serious than the 4-year-old. When he asks, "What is this for?" or "How does this work?" he wants, and should have, a thoughtful answer. Not in language or detail which he would not understand, but nevertheless an honest answer.

To sum up—the 5- to 6-year-old is sure of himself and generally dependable; he has learned to do what is expected of him in the household. He washes and dresses himself, goes to the toilet alone, and has an interest in helping with home chores. He plays well with other children but when alone can amuse himself in all sorts of ways from skipping about to drawing pictures.

LEARNING TO WALK AND TALK

In addition to the great gains in his physical growth that have occurred in the years from 1 to 6, the child has been making marvelous strides in mental growth as well. As he becomes more skilled in the use of his body, the development of the nervous system which is behind all this becomes more and more apparent.

Walking

Walking is an illustration of this development. It is an accomplishment in which parents feel a natural pride, but one that appears at widely different times in different children. Some few

babies walk as early as 8 or 9 months; others do not manage it until they are 16 to 18 months old. A large, heavy child is not likely to walk so early as a small-boned, less fat baby. On the average we may expect a baby to walk at 13 to 15 months of age.

Perhaps mothers would not be in such a hurry for their babies to walk if they realized that for a while it means more rather than less work for them. Although a baby gets his clothes very dirty while he is creeping, the chances are he will get into things so much after he walks that this will be more bother.

Since the baby who is beginning to walk cannot yet talk, he must find out as much as he can of what he wants to know by touching, tasting, handling, and throwing. He explores by climbing, and so has to be watched for possible tumbles; he runs and sometimes can get away from his mother amazingly fast. He will no longer be content to stay in his play pen long at a time, for he can see far more interesting things to do outside it.

When the time of walking comes, a baby needs the muscle-strengthening exercise he gets by climbing steps and lifting boxes. He should have a chance to run freely so that his unsteady legs, planted far apart in his first walking days, to help him balance his body, may gain strength and sureness. By the age of 2 he will be fairly sure on his feet and will be using his body easily and skillfully.

Talking

One of the things that is the most fun about being a parent is watching a child learn to talk. Because speech is the most distinctively "human" activity, it is fascinating to see a child begin to talk with other people. Babies get much pleasure from making sounds

even while the sounds are nothing more than babblings that have no meaning. But by the time a child is a year old he has had encouragement and attention when he happened to make certain sounds and has had them repeated back to him until he finally associates them with an object or a person. When such a *symbol* (a word) is used for an object or an experience, speech comes into being. This usually happens sometime between the eighth and the seventeenth month.

The "m-m-m" sound that is one of the first the baby makes has been interpreted by the mother as being "mama" until finally the child says it to call her attention, and that makes possible communication between them. Or perhaps the "m-m-m" sound has been made by the mother as she fed the child a new food she wanted him to like, and eventually he comes to say "m-m-m" or "num-num" when he is hungry and wants dinner.

By the age of a year a good many babies have two or three words that they use correctly. For the next 6 months or so additional words come slowly; but one by one more are added until it becomes one of the child's great pleasures to put a name to things and to express his desires. One word serves the purpose of a whole sentence. The child runs to get his coat, saying "car," when he hears his mother mention going to get groceries. His word, along with running toward his coat, says: "Take me with you in the car! I want to go too!"

The one-word sentence is shortly followed by the grouping of two words, "all gone," "help my," "gonna go." Then comes a great rush of interest, words added pell-mell, as the child says "whaz-zat?" meaning "What's that?"

over and over and adds a great many names of things to his vocabulary.

Nouns, or the names of things, are what he is interested in first, but it will not be long before verbs begin to be added in great numbers. It is when the child is able to move about freely that verbs of action, "run," "go," "fix," "come," become very important.

By the time he is 3, a child is using a great many verbs and also pronouns, though he still gets them mixed up (as when he says "help my" for "help me"). From the third year through the sixth, children add between 500 and 600 words to their vocabularies each year. This tremendous increase is not strange, considering that a child in this period is usually not quiet for more than 4 minutes at a time and asks more than 300 questions in a day!

Girls tend to talk a little earlier than boys and to be slightly superior in language ability throughout the early years. By the age of 5 most children have learned to speak clearly, with few of the letter confusions ("dat" for "that," "aw" for "all," "wain" for "rain") that occurred earlier. Twins being so closely associated with each other that they do not have good speech to copy, are likely to be somewhat slow in language development and cling to their poor pronunciation longer than other children. They catch up in the early school years, however. Parents can help very much by speaking clearly and carefully so that their children have good speech models to copy.

Many bright children not only begin to use language earlier, but their pronunciation is better and they speak with greater ease throughout the main period of development.

Boys tend to have a larger vocabulary than girls, for they are likely to gather general information on a greater number of subjects.

Preserving Health

THE foundation for health is laid in the first 6 years. The healthy child has the best chance of growing into the healthy adult. The child who lives a regular life and has good health habits—who eats well-planned meals at regular hours, gets plenty of sleep at regular hours, plays vigorously out of doors in the sunshine—has the best chance of laying a good foundation for future health.

Parents are learning more and more that it is wise to go to a doctor to keep their children well rather than to go to him only to cure illnesses that might have been prevented. Besides giving the child regular health examinations, the doctor will give him protection against certain diseases and will tell the parents what they can do to guard against other diseases. He will advise the parents as to the child's health habits.

The healthy child is active, alert, and interested in everything. His color is good and his eyes are bright. His skin is smooth, his muscles firm, and his body straight and strong. He is gaining in size and weight. He plays vigorously, creeping, running, jumping, climbing, according to his age. His mother may find him a strenuous companion, with his never-ending desire for activity. He is probably a bit noisy, getting pleasure out of banging and shouting and singing. But when it is bedtime he sleeps soundly. He is hungry at mealtimes and needs no coaxing to persuade him to eat. His bowels move regularly. His teeth are clean and in good condition. He does not have pains or aches.

The child who is "not really sick" is usually the same child as the one who is "not really well."

"But," says Tom's mother, "I can't think Tom is sick just because he is thin and pale. He takes after my mother. She was always thin, too."

"Mary has never seen a doctor in the 5 years since she was born, and I know she's not really sick," says her mother, "but she's always been nervous and fussy about her food."

Like many other parents, here are two mothers who are puzzled because their children do not measure up to the best standards of health, and yet they cannot believe them sick.

Too many people are satisfied with a child that is "not sick." Ill health is often excused or explained on some ground or other and considered unavoidable.

Nothing short of really healthy children should satisfy parents, for every child is entitled to the best health possible.

KEEPING THE CHILD WELL

To be healthy and learn to live a happy, useful life, a child should have—

The security of a family in which he shares in the love and affection of his parents and the family group.

A clean, well-ordered home and a room of his own, if possible.

Well-planned, adequate meals at regular times.

Plenty of sleep at night and an afternoon nap.

Enough clothes to keep him comfortable.

As much fresh air and sunshine as the weather permits.

Playmates and a place to play, indoors and out, and time to play.

A thorough examination by a physician at regular intervals.

A visit to the dentist every 6 months.

Inoculations against smallpox and diphtheria (and whooping cough and tetanus, too, if the doctor advises them).

THE DOCTOR

Soon after a baby is born, most parents select a doctor to look after the health of their child. He may be a pediatrician—a doctor who is a specialist in the care of children—or the family doctor. Or it may be that the mother has been taking her infant to a well-baby clinic (or child-health conference) and plans to continue doing so until the child is ready for school.

The things about a doctor—either a private practitioner or clinic doctor—that the mother wishes to know are—

Has he been well trained in medicine?

Has he had special training in the care of children?

Has he had experience in the care of children?

These are important things. It is, of course, also desirable to have a doctor who is kind and sympathetic and "has a way with children" besides being well trained and experienced.

Every child should be examined by a doctor at least every 4 to 6 months. At these regular examinations, if it is possible, the same doctor should see the child. In this way the child will get to know the doctor well and the doctor will be able to follow the child's progress much better. Then, too, the doctor will

understand the child's condition better than if he has never seen him before.

The visit to the doctor's office, to the well-baby clinic (or the child-health conference) should be a pleasant experience. A child should be taught that the doctor is his friend. A mother who threatens to "call the doctor if you aren't good" makes a great mistake. It is next to impossible for a doctor to examine a screaming, struggling child properly. On the other hand, if a child has been told in advance that he is being taken to the doctor and what the doctor will do, he will usually be less apprehensive about the examination. He should be told that "Mummy will stay with you while the doctor looks at your eyes, teeth, arms, and legs, and listens to your heart with a big thing that looks a little like a telephone."

Prepared in this way, the child generally learns to look forward to his visit with the doctor with pleasure rather than dread.

At each visit the doctor will want to know what has happened to the child since the last visit. It will be helpful to him if the mother is prepared to answer such questions as the following:

Has the child been well? Has he had any diseases? Any accidents?

Has he been active and playful? Or listless and cross?

Whom does he play with?

Has he been eating well?

What has he been eating? Is he getting fish-liver oil or some other source of vitamin D? Is he getting orange juice or some other source of vitamin C?

Do his bowels move regularly? How often?

Does he sleep well? How many hours?

Have any other members of the household been sick?



The doctor becomes a friend when he is visited regularly, and the dentist is a welcome ally when his services are enlisted for prevention of trouble.

It will help the mother as well as the doctor if she has written down whatever she thinks she should tell him and any questions she wishes to ask, so that she will not forget them.

At the examination the child should be completely undressed. After being weighed and measured by the nurse or the doctor, the child will be examined by the doctor.

The doctor first of all will inspect the child carefully and take note of his state of development and nutrition, his skeletal structure, his posture, and the color and condition of his skin, lips, and nail beds. Then he will examine each part of the body separately, including the head, eyes, ears, nose, mouth, teeth, throat, neck, glands, chest, heart, lungs, abdomen, limbs, and genitals. After this, the doctor will do any special tests he thinks necessary, such as an examination of the child's urine or his blood.

From his examination and from what the mother tells him, the doctor can judge whether or not the child is growing and developing as a healthy child should. The doctor will keep a record of his findings at each examination so that at later examinations he can compare them with previous ones. This helps him to judge how the child is progressing and to keep in mind any unusual conditions he wants to watch.

After the examination the doctor will talk to the mother about her child's health and will make suggestions about his care. He will recommend that the child be immunized against diphtheria and smallpox, if this has not already been done (see pp. 118, 128, 142) and will advise her about immunizing and guarding against other diseases.

A mother should be sure, before she leaves the doctor's office, that she understands just what he wants her to do. Since he is an expert in health, she will find it well worth her while to carry out his orders to the best of her ability.

THE DENTIST

Young children as well as older children should have their teeth examined regularly by a dentist. Many dentists nowadays make a specialty of caring for children's teeth. The "baby teeth" need home care and the dentist's care just as much as the permanent teeth do.

From the time a child is 2 years old he should be taken to the dentist every 6 months so that his teeth can be examined and cleaned and any small cavities filled or defects repaired.

A child who goes to the dentist from the age of 2 is not likely to develop fear of the dentist or of having his teeth fixed.

If the first few visits are only for inspection or cleaning, as is likely to be the case, the child will often actually enjoy going to the dentist.

If cavities or defective fissures appear in the child's teeth, they should be filled promptly.

If a small cavity or defective fissure is not filled, the tooth will decay still more, and the results of neglecting a child's teeth are familiar to us all—ugly, broken teeth and toothaches. The child with a sore tooth tries not to bite on it and may avoid coarse foods that need to be chewed or may chew on only one side of his mouth. If the cavity becomes very large, the root of the tooth is likely to become infected and the tooth may have to be pulled out. The shape of the jaw may suffer, from either lack of exercise or loss of teeth, and the permanent teeth that are being built may not have room enough to come in straight. If a child has a tooth in which decay has destroyed or exposed the nerve, he should be taken to the dentist often so that the dentist can give the necessary treatment that may save the tooth.

Perhaps the most important teeth in childhood—and the most neglected—

are the 6-year molars. These four permanent teeth, which come in sometime between the fifth and seventh birthdays, do not take the place of any baby teeth but come in directly behind them. For this reason they are often wrongly thought to be baby teeth. The 6-year molar is the sixth tooth from the front on each side; there are two in the upper jaw and two in the lower.

The 6-year molars are the first permanent teeth to come through. If they are lost, the other teeth are likely to come in crooked and the dental arch may be poorly formed. As soon as the chewing surface of each of these teeth has appeared, it should be examined by a dentist to see whether there are defective fissures. Great care should be taken of the 6-year molars.

HEALTH HABITS

Habit is the tendency to do again what has been done before. It is a way of behaving, thinking, or feeling that, once established, is easily followed. Habits are learned, not inherited. Once learned, they are great timesavers.

A child learns to pull on a coat, to button and unbutton his clothes, to use a fork and a spoon, by trying and trying again. An adult does hundreds of complicated acts without thought or attention, making use of habits learned in childhood. Think of the time saved each day because adults can wash, eat, sew, write, read, and handle tools almost automatically.

Many people think of habits only as ways of acting and forget the even more important habits of thinking and feeling. Children not only learn the habit of getting into their clothes, but also learn to like certain colors and to dislike a dirty dress or a torn stocking. So they develop habits of "good taste" or "neatness" or "daintiness." Even attitudes toward life are partly a matter of

habit. Children learn to be cheerful and happy or sulky and cross according to the habits they form.

Teaching a child to do habitually and without conscious effort the things that make for good health is one of the first duties of parents. The health habits have to do with the daily activities of the child—eating, sleeping, playing, eliminating, and keeping the body clean and suitably clothed. Most of these habits should be learned in the first 3 or 4 years of life. Once learned, they may last a lifetime.

Pleasant Associations an Aid

A child wants to do again the things that give him pleasure and satisfaction. He does not want to do again the things in which he does not find pleasure or satisfaction. Therefore, to help a child form good habits, we must see that he gets satisfaction from the things we want him to do. We must also see that he does *not* get satisfaction from doing the things we do *not* want him to do.

A Habit Builder

Most adults have found by experience that they are healthier, happier, and less easily tired if their lives are regular. Need for sleep and need for food come at regular times, and also need for elimination. How often grown people complain because their hours for sleeping or for eating have been disturbed. Irregularity makes for discomfort and a sense of ill health. What is true of adults is very much more true of children.

In planning a routine for the young child the life of all the members of the family should be considered. It is not desirable to have the plans of the family revolve completely around the children. Certain things, however, are of absolute importance, such as the daytime-nap period, outdoor play, regular mealtimes, early bed hour, and regular visits to the



Outdoor play—sun, air, water, fun—all contribute toward building healthy bodies.

toilet. A regular schedule will benefit the whole family in the end.

A definite daily plan or schedule, made to meet individual needs and followed conscientiously, will prove a great saver of the mother's time. Children who live by such a plan are usually ready for bath, meals, and bed when the time comes.

Eating Habits¹

Every child should have—

Three (or four) meals a day at regular hours.

A well-planned and adequate diet. (See pp. 21, 28.)

Plenty of pure, clean water to drink every day.

A child who has been fed at regular times during babyhood expects meals at regular times. By the time a child is

a year old he is usually willing to give up the bottle, though some children take it longer. He gets at least part of his milk from a cup and should have, in addition, such foods as cereals, vegetables, fruit, eggs, meat or fish, and fish-liver oil. A child successfully breast-fed for 6 months or longer may be weaned directly to a cup.

Sleeping Habits²

Every little child should—

Sleep 11 to 13 hours every night.

Take a nap or rest in bed for an hour or so in the middle of the day.

Go to bed at a regular early hour.

Sleep in a bed by himself in a room with plenty of fresh air.

Children who have a regular bed hour usually get sleepy by that time and want to go to bed. Most chil-

¹ See also *Food*, pp. 20-30.
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² See also *Learning Good Sleep Habits*, pp. 49-53.

dren up to the age of 6 years should have the habit of resting in the middle of the day. The midday rest should be continued up to, and even into, the school period to build up vitality for the unaccustomed life at school, which makes heavy demands on many children. If the habit is firmly established in infancy, many children in the later preschool years will continue to sleep at noon, at least several days a week.

Habits of Play and Exercise

Fresh air and sunshine.

Generally children should be outdoors part of every day—except on very windy days, when much dust is flying, or on very cold and overcast or stormy days. Even in the coldest weather, if the day is sunny, the sunny part of the yard, if protected from wind, may be comfortable for active play. In the hottest weather children should stay in the shade during the middle part of the day. On rainy days a porch may be used or a room with the heat turned off and all the windows open.

Sunshine, when it reaches the baby's skin, produces vitamin D, which enables the child's body to grow properly by making the best use of the minerals in his food. Every child should get plenty of sun on the face, neck, chest, arms, and legs, and, when weather permits, on the rest of the body as well. The sun should shine on his skin directly—not through clothing or ordinary window glass.

In cold weather the best time for getting sunlight is the middle of the day; in hot weather, between 8 and 11 a. m. and after 3 p. m. It is all right for a child to get lightly tanned, but he should not get burned. Overexposure to the sun is harmful. Light-skinned children should be especially protected.

If a child has not been used to exposure, let him get used to it by play-

ing in the sun with bare arms and legs before wearing only a sun suit. Dark-skinned children tan more easily than fair-skinned ones, but fair-skinned children burn more quickly.

In spring, summer, and fall the child who plays outdoors every sunny day wearing a sun suit part of the time will get plenty of sunshine. In winter, when more of the body must be covered and the sun is less strong, every child should play in the sun as much as possible; and the child under 2, who has special need for vitamin D, should have fish-liver oil or some other dependable source of vitamin D every day, summer and winter, as well as sunshine.

The child under 2 years who is not accustomed to sun baths and the frail child need close supervision.

Exercise and rest.

Once a child has begun to walk steadily and to run, he spends many hours a day in great activity. He is apt to be on the go all the time, and he needs a daily nap or a period of rest in bed even if he does not sleep at that time. Children seldom say that they are tired. They show fatigue by becoming cross or restless oftener than by wanting to sit down or to lie down. The child under 3 years who is very active in his play is often better off if he spends at least part of his outdoor time quietly. The child who is pushed in a carriage is getting outdoor rest, but it should not take the place of a nap.

How much exercise a child should have depends on his individual needs. The thin, nervous child usually needs to be given toys that will keep him quiet part of the time. The heavy, slow child often needs to be urged to do more. The little child in a large family often overdoes greatly by trying to keep up with the older children and should

be given a chance to play less strenuously with companions of his own age. (See p. 82.) The irritable child who is spending much time indoors may be much improved by getting more outdoor life. The child who often comes in from vigorous outdoor play tired and cross may need an occasional break in his activity by resting quietly or having his mother read to him.

A little child may easily become overtired if he does the same thing for some time, such as holding his hand up to take the hand of an adult. He may become very tired by walking for some distance, when he would be less tired if for the same length of time he ran and jumped as well as walked.

Every mother wants her child to develop a well-balanced, healthy, strong body, and this he can do only if he has both the exercise and the rest to meet his particular needs. Rest is as necessary for strength as exercise.

Let the child use his big leg, arm, and back muscles as much as he will, but do not try to train his smaller muscles until later, when the big ones have grown strong. A child may be prepared to learn the finer hand movements by first learning the coarser ones. Let him first learn to hold a cup, then to handle a spoon and a fork, then to unbutton and button his clothes, to unlace and lace his shoes, then to string large buttons and beads.

Daily Routines

WHETHER a child is 1 or 6, or some age in between, his day should be planned so that both his needs and those of his mother and other members of the family are well met. In fact, his needs cannot be satisfactorily met unless his mother's are, too. If she does not plan so that she will not be overburdened, she will be in no condition to be sunny and pleasant. Fitting her day around the child's routines in such a way that she does not become completely exhausted by night will help her to be a good companion to her husband, too. A child might about as well go dirty and hungry as have parents who are not getting along with each other. It is the duty of both parents to cooperate for the child's sake.

A plan for a child's day, then, should be built around his four needs—for food, for rest, for activity, and for a mother who can stress the important things and not let unessential details use up her time and strength.

GENERAL CONSIDERATIONS

Young children are usually early risers if they are used to being put to bed at a suitably early hour. Because they are growing and are very active, they need frequent rest; and because their food requirements are greater than adults' but their digestive capacity more limited, they sometimes need more frequent meals.

As soon as a child awakens in the morning he should be allowed to get up for the sake of learning a habit of

prompt rising that will always be useful to him. If he must remain in bed for a time because the house is cold or because someone else is sleeping, he should be provided with toys to keep him occupied.

The very young child may be allowed to eat breakfast in bathrobe and slippers over his night clothes if this is more convenient for his mother, who has to get the breakfast. But if the child is not dressed promptly after he has eaten and attended to his toilet needs, the habit of dawdling around all morning may be encouraged. By the time a child is 3 he can do a good deal of his own dressing, and by the age of 4 he should be nearly independent of his mother's help. (See p. 57.)

A child's breakfast should be served fairly soon after he gets up, so that the other features of the day will not be pushed out of place. If his breakfast and his noon meal come too close together, he will not be hungry enough to eat well at noon.

The longer period of outdoor play should come in the morning, except for the 1-year-old, who may still be taking two naps. Shortly after they are a year old most babies begin gradually to shift to one nap a day. This nap will be a long one and will at first come much earlier in the day than when the child is a little older. Often the dinner hour must be as early as 11 or 11:15 for a baby who is shifting from two naps to one or he will be too tired to eat enough.

Sometimes in the transition period it is necessary to let the child have his nap first, followed by dinner at 1:30 or 2.

All through the preschool years naps lasting too far into the afternoon should be avoided, so that children will be sleepy enough to go to bed very early in the evening. The child needs a long, uninterrupted period of night sleep, and his parents need a time to relax and to be free from having to take care of an active youngster.

The mother who is on the alert to use her time wisely will plan to get a rest during part of the time her children are napping. But instead of getting some rest, many women tend to use every minute of the time a child is asleep to get housework and laundry out of the way. Ten minutes with a book, or 15 minutes flat on her bed, will probably mean the mother can get much more work done later than she would have without this little relaxation. Doing some darning out in the sun while the baby is in his sand box

will sometimes be much more sensible than washing the dishes then just because it is the time of the morning when breakfast dishes are "supposed" to be done. Trying out several schemes to find out when the washing of diapers fits in best or when the trip to the store should be made, will probably pay for the time it takes. Carefully planned use of one's time, following an orderly schedule but allowing for occasional breaks in routine, will result in much greater happiness for both mother and child.

A mother who says she is "too busy" to get to the grocery until late afternoon may be deceiving herself, for she wastes time in going when the store is crowded with women who have no other time to do their buying. A half-hour trip to the store with his mother in the middle of the morning, on the other hand, would in many cases make



Planning the day to include some time out of doors together is rewarding both to mother and children.

a nice break for a child, who may be too tired to eat if he plays continuously right up to lunchtime. Getting out of doors may also make his mother more interested in eating a good lunch, which many young women neglect to do. But if the other mothers in the block do their shopping at another time, the pleasure of visiting with them may make it seem desirable to fit her routine into theirs. The main thing is to try several ways until you have a schedule that works satisfactorily both for the baby and for any other children in the family.

If there are two or more children under school age, the mother will find it necessary to plan very carefully in budgeting her time and in working out a schedule to meet all needs. She may be tempted to push the younger one ahead too fast, or to keep the older one back at the baby's pace. Of course, it simplifies her day if the two children can do some things on the same schedule. There are some activities that can be arranged this way—meals, for example, or time of starting the nap—but in other activities the children need to be independent of each other. The 4-year-old girl may be quite capable of playing outside with the neighborhood children, though little brother of 18 months is not ready for group play without an adult around. It is not fair to sister to keep her inside until mother has time to take both children out, nor is it good for little brother to push him out with the older children until he is able to fend for himself. Adjustments in routine should be made in a family to take into account different levels of development, even of children close together in years.

DAILY SCHEDULES

After the first year most children are ready for a schedule built around three



The healthy child is happy and responsive.

meals a day. There are several good ways in which a daily schedule can be planned. It is up to the mother to work out one that will be best suited to her child, herself, and the rest of the family. If, for example, it is more convenient for a mother to have bath time come just before dinnertime in the late morning, there is no reason why the bath should not be given or taken at this time instead of before supper.

Once a routine has been established, it is a good idea for a mother to stick to it as it usually gives her more free time for other duties and much-needed leisure besides. The child, too, will benefit from a regular routine and so will the family.

The following schedules for (1) the 1- to 3-year-old, and (2) the 3- to 6-year-old are given merely as examples of the way in which schedules can be planned. They are meant only as suggestions, for the mother will wish, of course, to establish her own routines for her own children.

The Child From 1 to 3

Around 6 to 7 a. m. (depending upon when the child awakens).

Citrus-fruit juice (now or later with breakfast).

Sleep or play alone in crib.

Washing and dressing child before breakfast or right afterward.

Around 7: 30 a. m.

Breakfast.

Fish-liver oil (may be given with citrus-fruit juice, if preferred).

Play, out of doors when the weather is suitable.

Sun bath, if weather permits.

(Offer some water during this time.)

Around 11: 30 a. m.

Noon meal.

Nap (undress child for nap). Cup of milk after nap.

Play.

(Offer more water during this time.)

Around 5 p. m.

Bath.

Around 5: 30 p. m.

Evening meal.

Around 6 to 6: 30 p. m. (an hour or 2 later in very hot weather).

Bed (lights out).

If the child takes a long nap in the morning instead of in the afternoon, he should be undressed for his nap at a regular time—usually about 10: 30 or 11 a. m.—and then have his dinner at 1 or 1: 30.

Most children want to go to the toilet when they first wake up, after their nap, and before they go to bed at night, in addition to having to urinate at other times during the day. Whatever time of day the child's bowels move regularly should be an established time for him to go to the toilet.

The Child From 3 to 6

Morning:

Washing and dressing child.

Breakfast.

Play out of doors when weather is suitable.

Sun bath, depending on weather.

Mid-morning:

Fruit juice.

Noon:

Lunch or dinner.

Nap (if preferred, nap can be taken right before lunch). Cup of milk.

Outdoor play.

Evening:

Dinner or supper.

Bath.

Bed.

Water should be offered freely between meals.

From the time a child is 3 he can usually go to the toilet by himself at regular times. But he may still need help with buttons for a little while.

FOODS INCLUDED IN A GOOD DAILY DIET FOR CHILDREN FROM 1 TO 6¹

Food	Amount needed by each child daily	Average size of serving for each age		
		1 year old	2 and 3 years old	4 and 5 years old
Milk.....	3 to 4 measuring cups.	1 cup as a drink at each meal.		
Eggs.....	1 egg.....	1 whole egg.		
Meat, poultry, or fish.	1 to 2 oz. (2 to 4 tablespoonfuls).	1 oz. (2 tablespoonfuls).	1½ oz. (3 tablespoonfuls).	2 oz. (4 tablespoonfuls).
Dried beans, peas, lentils.	1 serving 2 or 3 times a week when meats and eggs are hard to get.	Strained in soup.	3 tablespoonfuls.	4 tablespoonfuls.
Potatoes.....	1 serving.....	2 tablespoonfuls.	3 tablespoonfuls.	4 tablespoonfuls.
Other cooked vegetables (a green leafy or deep-yellow vegetable often).	1 to 2 servings....	2 tablespoonfuls.	3 tablespoonfuls.	4 tablespoonfuls.
Raw vegetables (lettuce, carrots, celery, tomatoes, etc.).	Small amount....	.....	A small piece, or two.	
Fruit for vitamin C...	1 medium-sized orange or ½ to ¾ cup tomato juice.	Whole day's amount in one serving.		
Other fruit (apple, banana, peaches, prunes).	1 to 2 servings....	¼ cup.....	⅓ cup.....	½ cup.
Cereal, whole-grain, restored, or enriched.	1 serving.....	¼ cup.....	⅓ cup.....	½ cup.
Bread, whole-grain or enriched.	1½ to 5 slices....	½ to 1 slice....	1 to 1½ slices...	1½ to 2 slices.
Butter or fortified margarine.	1 to 2 tablespoonfuls.	1 teaspoonful...	1 to 3 teaspoonfuls.	1 to 3 teaspoonfuls.
Sweets.....	A simple dessert at 1 or 2 meals.	¼ cup.....	⅓ cup.....	½ cup.
Fish-liver oil.....	Enough to provide 400 to 800 U. S. P. ² units of vitamin D.			

¹ All measurements in this chart are level, measuring cups and measuring spoons being used.

² United States Pharmacopoeia.

Food

THE FOOD that a child eats from his first to his sixth year has a great deal to do with his well-being at the time and with his future development. He is still growing, although not so fast as when he was a baby, and he must get from his food the materials for building bigger muscles and bones and new teeth. He is being offered a wide variety of new foods and, in accepting or refusing them, he is forming food habits that may stay with him for many years.

A child who has been given enough of the right kinds of food as a baby will not have to make any sudden changes in his diet when he reaches his first birthday. On the contrary, the changes in the kinds and amounts of food he is given and in the way they are served should be made so gradually that he does not notice them.

The accompanying table shows the main groups of foods that are given to children of preschool age and the quantities that healthy children of average size and appetite may be expected to eat.

The foregoing list includes a large number of the foods that older members of the family eat. Except for a few foods that are not suitable for young children (see p. 28), the diet of the child of preschool age is very much the same as that of the rest of the family except that the food may be prepared and served more simply. These changes will be discussed in connection with the various food groups, as follows:

SUITABLE FOODS FOR YOUNG CHILDREN

Milk

As the child grows older, milk still contributes more than any other single food although it is relatively less important than it was during the first year of life. Milk is outstanding as a source of the mineral calcium and the vitamin riboflavin and is also a good source of the best quality of protein, of vitamin A, and of thiamin (vitamin B₁). The preschool child is somewhat less dependent on milk for these essential nutrients than when he was a baby because he is eating a wider variety of foods. Some preschool children will continue to take a quart a day and keep a good appetite for other foods; they should have the full quart but no more. If a preschool child takes 3 cups of milk readily and has a good appetite for the other important foods in his diet, he is probably getting enough milk. A few children will not take more than 1 pint voluntarily and if they are persuaded to drink 3 or 4 cups of milk will not eat enough other foods. Under these circumstances the doctor should be consulted to see whether the child is getting all the nourishment he needs from the combination of milk and other foods. Many children will not eat enough other food if they drink all their milk at the beginning of a meal. In such cases it is wise to give most of the milk at the end of the meal.

Any form of safe milk (whole fluid, unsweetened evaporated, or dried) is suitable for children of preschool age.

Fresh milk.

Whenever possible, pasteurized milk should be used.

Whole milk that is not pasteurized and is to be used for drinking should be boiled and cooled promptly. If used in cooking, the food containing it should be cooked thoroughly. Raw milk, even if it comes from apparently healthy cows, is not safe for young children to drink. All fresh milk should be kept in a refrigerator or in an equally cold place at a temperature between 32 and 50 degrees Fahrenheit. Bacteria multiply very rapidly in milk kept at higher temperatures than these. The period during which it is a safe food for children depends on its original quality and its handling.

Frequently milk is left on the doorstep at an early hour of the morning and is not put into the icebox until some hours later. During this time it may be exposed to sun and heat or to freezing temperatures. If time must elapse between delivery and storage in the refrigerator, an insulated box should be placed outside the door into which the milkman can place the milk to protect it from exposure.

Milk which was of good quality originally and which has been properly handled and refrigerated is probably safe for consumption for several days. If the mother has any doubt as to the condition of the milk, it should be boiled. The family physician or the local health department may be able to give additional help to the mother in deciding how long after delivery the milk is safe for children. If refrigeration is not available which will keep milk below 50°, it is wiser not to use fresh milk for children, but to rely on evaporated or dried milk.

Special milks.

Milk dealers in the larger cities often offer special milks, such as vitamin-D and homogenized milks, selling at a relatively high price per quart. No family need feel that it has to buy one of these for preschool children unless the doctor advises it.

Vitamin-D milk contains up to 400 U. S. P. units of vitamin D per quart. Some contains as little as 135 units per quart. If a child is taking sufficient fish-liver oil or some other source of vitamin D regularly, he does not need to rely on milk for part of his vitamin-D supply. If he is not taking fish-liver oil, he will have to take a full quart of vitamin-D milk containing 400 U. S. P. units per quart to furnish his daily requirements of that vitamin. Children of preschool age are more likely to take 3 cups of milk than a full quart and will therefore not receive sufficient vitamin D without additions from some other source.

Homogenized milks have been so treated that the cream does not rise to the top and so all parts of the bottle have the same proportion of fat.

Guernsey and Jersey milks, and some others, sell for a higher price because they contain an unusually high proportion of butter fat. This may be a disadvantage in feeding young children because milk high in fat is sometimes responsible for poor appetites.

Skim milk.

Skim milk contains as much protein, calcium, and riboflavin as whole milk. If a young child takes much of his milk in the skimmed form, he must get from other foods extra quantities of the fat and vitamin A that were removed in the cream. A child who is getting enough fish-liver oil regularly is well protected as to vitamin A; other sources of vitamin A are green and deep-yellow

vegetables, butter, and fortified margarine. Three extra tablespoonfuls of butter or fortified margarine on bread or with other foods, such as vegetables, is enough to compensate for the fat removed in skimming 1 quart of milk.

Buttermilk.

Buttermilk is usually made from at least partly skimmed milk. It should not be given to young children unless it has been made from pasteurized milk.

Evaporated milk.

Children who were given evaporated milk as babies are usually quite willing to drink evaporated milk when it is properly diluted. They should be encouraged to do so if safe fresh milk is not available or is too expensive. Once the can has been opened, evaporated milk should be kept as cold as fresh milk. Most brands of evaporated milk have been fortified with vitamin D.

Sweetened condensed milk.

Sweetened condensed milk contains too much sugar to be a suitable milk for young children.

Dried milk.

Dried milk, whole or skim, when mixed with about four times as much water by volume, has the food value of the milk from which it was made. One pound of dried milk plus water makes about 4 quarts of fluid milk. Dried milk keeps indefinitely in a sealed can but when the can is opened it absorbs moisture and in time becomes rancid. Dried milk should be stored in a tightly sealed metal or glass container in a cold place. In preparing fluid milk from dried milk, make up only as much as can be used within a short time. Once water has been added, the mixture should be kept under the same conditions as fresh milk.

Cheese

Mild American cheese, cottage cheese, and cream cheese combined with other foods are suitable for young children but need not have a very large place in the diet of children who will take enough milk as milk. Cream cheese has a high proportion of fat and less protein than other cheese. Other forms of cheese are good sources of protein. Those made from whole milk are rich in vitamin A. American cheese is high in calcium.

Cheese used for children should be made from pasteurized milk. Soft cheeses that are sold in packages, such as cottage or cream cheese, usually contain this information on the label. When there is no way of knowing whether the cheese has been pasteurized, as is the case with such cheeses as American, these should be used for children only in cooked dishes.

When cheese is used in cooked foods for young children, it should be grated or cut fine and cooked at a low temperature. For example, in making macaroni and cheese it is better to add the cheese to the white sauce than to arrange it on top of the food in the baking dish and melt it in a hot oven.

Eggs

Eggs are important for proteins, iron, vitamin A, and riboflavin. The yolk has more all-round food value than the white.

Eggs fed to children as eggs should have a mild, fresh flavor. But it is not necessary to buy top-grade eggs for all cooking purposes. Medium-sized eggs are usually the best buy for serving as a main dish, for one small egg does not supply enough protein for a serving and large eggs often cost too much.

Eggs should be cooked at a low temperature so that they will cook evenly throughout. They may be soft-cooked,

hard-cooked in water that only simmers and does not boil, coddled, poached, or used in custards and other puddings. When eggs are cooked in fat, as in scrambling, frying, or making omelets, only enough fat should be used to keep the egg from sticking to the pan.

A few children are sensitive to egg in any form, in which case the doctor should be consulted.

Meat, Poultry, Fish, Shellfish

Food value.

These foods contribute chiefly protein, iron, thiamin, riboflavin, and niacin. Liver is especially rich in these minerals and vitamins and also supplies vitamin A. Salt-water fish and shellfish are rich in iodine.

Any form of poultry or lean meat, including the lean portions of pork and ham, and organs such as brains, liver, sweetbreads, and kidneys, may be given to young children. Pork should always be thoroughly cooked. Highly seasoned meats, such as many kinds of sausage, very salty meats, and meats containing large quantities of fat are not suitable foods for children of this age. Liver may well be given to children at least once a week. Beef, lamb, pork, and chicken livers are as high in nutritive value as the more expensive calves' liver. Children usually like all these kinds of liver.

Fish and shellfish may take the place of meat frequently in the diet of the young child. Oysters resemble liver in food value; only cooked oysters should be given to children.

Bacon should not be considered a substitute for lean meat; when it is cooked until it is crisp and the fat drained off, it supplies principally flavor to the child's other food.

Preparation.

For the most part, meat, poultry, or fish for young children should be

broiled, stewed, roasted, or baked. It should not be highly seasoned nor served with gravy containing enough fat to float on the surface. If fried, it should be cooked with great care so that it does not absorb a large amount of fat. The fat should be hot enough to cook the food quickly but not hot enough to burn. The food should be coated with flour or crumbs that will form a protective coating and keep much fat from soaking into the food. The cooked food should be drained on absorbent paper before serving so that any excess fat will be left on the paper.

To serve, the meat or fish should be cut into pieces small enough for the child to eat easily. This may mean chopping or grinding for the youngest preschool child and cutting in pieces for the older ones. Fish should have all the bones removed.

Fruits

Food value.

All fruits help to meet the child's need for iron, thiamin, and riboflavin. Citrus fruits (oranges, grapefruit, tangerines, and lemons) are the child's most important sources of vitamin C, which is also found in large quantities in strawberries, cantaloupes, and the guavas and mangoes of the semitropical regions of the country. All raw fruits supply some vitamin C. The dried fruits are better than average sources of iron. Yellow-fleshed fruits, such as yellow peaches and apricots, and prunes contain also considerable quantities of vitamin A.

The citrus fruits are the most important fruits in the young child's diet because he eats so few other foods that contain large quantities of vitamin C. Early in the preschool period, the child will take his orange or grapefruit as juice, fresh or canned, but by the time he has enough teeth to chew well, he can be

given sections of the fruit to eat. The whole sections contain more vitamin C than the juice. The child over 2 may be given ripe strawberries as well as small pieces of ripe but sound melon. For the greater part of the year, however, oranges or grapefruit will be the main source of vitamin C among the fruits, and tomatoes or tomato juice among the vegetables.

Preparation.

Cooked fruits, including canned fruits and cooked dried fruits, can be given to children; a large amount of sugar should not be used, only enough to make them taste good. The sweeter dried fruits, prunes, for example, may be sweet enough without added sugar. Only mild, ripe fruits which can be peeled, such as apples, apricots, bananas, and peaches, should be given raw to children under 2 years of age. The fruit should be thoroughly washed before peeling, and any overripe parts thrown away. In introducing any raw fruits it is best to start with a small quantity and make sure that it does not have too much of a laxative effect before giving more generous servings. Fruits for very young children should be scraped or mashed, and berries that have large seeds should be cooked and strained.

After the age of 2, children can have all kinds of ripe fruits, raw or cooked. Tough, stringy, and overripe portions should be removed, as should the pits of such fruits as apricots and prunes.

Vegetables

Food value.

Vegetables in general are important chiefly for minerals and vitamins, some vegetables more than others. Most vegetables contain some fiber and so help to promote regular bowel movements.

Thin, dark-green leaves, eaten raw or properly cooked, are valuable for iron, vitamin A, thiamin, and riboflavin. Greens, such as turnip tops and kale, are even richer in some of these nutrients than spinach.

The deep-yellow vegetables, such as carrots and sweetpotatoes, are valuable chiefly for vitamin A.

Tomatoes, raw, cooked, or canned, and tomato juice are very rich in vitamin C and a good source of vitamin A. Tomato juice contains about half as much vitamin C as orange juice and, therefore, should be given in twice the quantity.

White, or Irish, potatoes, cooked in their skins, are a good source of vitamin C, especially when new, and also contribute iron. Both white potatoes and sweetpotatoes are energy foods.

Dried beans and peas and soybeans are good sources of protein, iron, thiamin, and riboflavin.

Preparation.

Tender, raw vegetables may be served to young children over 2 to give them practice in chewing as well as to furnish food value. These include strips of young carrots or young turnips, celery hearts, leaves of lettuce or cabbage, and tomatoes. It is important that any raw vegetables given to children be safe for them to eat. Raw vegetables can cause diseases such as dysentery if they are grown in soil that is contaminated with human excreta or if they come in contact with polluted water. Care should be taken to make the home vegetable garden safe. If there is any reason to suspect that vegetables may have come from polluted soil, they should not be served raw. Vegetables that are to be eaten raw should be washed only in water that is known to be safe for drinking.

Among the cooked vegetables the green and deep-yellow ones should be

served most. Those that have a mild flavor will probably be accepted most readily. They should be cooked in a small quantity of water in a covered container and only until tender. In introducing the stronger-flavored vegetables, such as turnips and onions, it is more important to cook them so that they will appeal to the children than to save every last bit of vitamins and minerals. This may mean cooking in a fairly large quantity of water and draining off the water.

Vegetables should be lightly salted and served with a little butter, fortified margarine, cream, milk gravy, or white sauce. No other seasoning is needed or desirable. The vegetables should be in pieces small enough for the child to eat easily; for very young children some vegetables may well be mashed.

Corn and those kinds of dried beans and peas that have tough skins should be rubbed through a sieve before they are served to the youngest children in this age group.

Canned vegetables.

Vegetables canned according to safe methods are as good for children as those cooked at the time of serving. When home-canned foods are used, it is of the utmost importance to know whether nonacid vegetables (that is, all except tomatoes) have been canned in a pressure cooker with a gage that has been tested recently and found to be reliable. If there is any doubt that they have been canned by this method, vegetables should be emptied into a saucepan and boiled for 15 minutes even if they are to be served cold. Stir the contents of the saucepan so that all parts are equally hot; watch the time after boiling has begun.

These precautions are necessary because vegetables may have been contaminated with certain bacteria that

grow in some soils and cause a dangerous type of food poisoning, botulism.

The chopped vegetables packed in small cans for the younger preschool children are useful principally when the child is traveling and the mother may have difficulty in getting properly prepared vegetables. Both home-canned and commercially canned vegetables should be tasted to see that they are well seasoned before they are served. Day in and day out young children and their parents will all be better off if enough vegetables are prepared for everybody. The servings for very young children should be separated before seasoning is added for the family, then mashed or cut up according to the child's stage of tooth development.

Quick-frozen vegetables cooked only until tender are perfectly suitable foods for children.

Cereals and Bread

All forms of cereal and bread furnish energy and protein. Cereals, flour, and bread that are made from the whole grain or those that have been enriched or restored by the addition of minerals and vitamins after milling, are also important sources of iron, thiamin, riboflavin, and niacin. The label will indicate when bread, flour, or cereal is made from the whole grain or has been enriched or restored. These are the grain products that should be emphasized in children's meals. Young children like whole-grain breads and cereals, and if these are served regularly, children will grow up liking them.

Cereals are usually served at breakfast and sometimes served for supper for young children. The special, highly fortified baby cereals that some doctors recommend for babies can be replaced in the preschool period by the same cereals that the family eats. In general, the cereals that require cooking in the

home are more economical and may well be served most often. However, those ready-to-eat cereals that have been made from the whole grain or have been restored, are nutritious foods and usually well liked by children, especially in hot weather. They usually absorb considerable milk, an advantage for children who find it difficult to take enough milk as a drink. The least desirable forms of breakfast cereal for young children are: (1) Those that contain large quantities of coarse bran, and (2) those that are so fluffy that a whole bowlful weighs very little and does not meet the child's need for energy.

Breads for young children should be made from finely ground whole-wheat flour, enriched flour, or occasionally from the whole-ground corn meal. Breads that contain soft doughy portions that the young child swallows without chewing are the least desirable.

Hot rolls, biscuit, corn bread, and other hot breads that have a crisp but tender crust may be given occasionally to children in the last half of the preschool period. These children may have a small serving of waffles, thin, tender pancakes, or French toast when other members of the family are having them.

Bread should be spread lightly with butter or fortified margarine. The addition of syrup or jam converts bread and crackers into a dessert and, like other desserts, this combination should follow and not replace the main part of the meal.

Crackers should be given to young children only occasionally; those that are neither very sweet nor heavily salted are to be preferred. Melba toast, made from bread dried in the oven, is a satisfactory and inexpensive substitute for crackers.

Butter or Fortified Margarine

Butter and fortified margarine supply energy and vitamin A. Children of preschool age need only enough butter or fortified margarine to spread thinly on bread and to season vegetables, or in milk sauce or soup. Foods that have been made with considerable fat, such as pastry, and foods that have absorbed the fat in which they were cooked, like poorly fried potatoes or doughnuts, may prove difficult for the young child to digest and may take away his appetite for the simple foods that should be the mainstay of his diet.

Sweet Foods

The amount of sugar that is used in sweetening fruits or simple desserts is all that the young child needs. Children usually like cereal without added sugar if they have never been given any other kind. A few raisins or chopped dates may be added to cooked cereal for children over 2. Children are perfectly happy also with crisp molasses cookies; plain, unfrosted cake; buttered bread spread with molasses (a rich source of iron); a gelatin dessert that is mostly fruit; or a milk pudding. Among the frozen desserts, milk sherbets or ice cream made with a custard base are better than ice cream that is richer in fat. Concentrated sweets, like frosted cake, ice cream with a rich sauce, or candy, are almost sure to crowd out more important foods from the child's diet. If candy and other sweets are given to children, it should be only at the close of a meal and in small amounts.

Beverages Other Than Milk

Milk and fruit juices are important foods for young children. Most children like them and will take them plain. The special milk drinks, many of them flavored with chocolate, are

sometimes resorted to when children seem to dislike ordinary whole milk. Many parents have found, however, that children tire quickly of these drinks. It is best to save them for special occasions.

In serving fruit beverages to children, it is important to know whether they really contain fruit juice. Some of the commercial fruit beverages contain little or no fruit juice; they are a poor investment at any price.

No beverages that contain a stimulant are suitable for children of this age; these include not only coffee, tea, and strong cocoa but also many of the carbonated bottled beverages of the cola type.

SOURCES OF VITAMIN D

Sunshine helps the child grow normally. It gives his body the power to use food so as to help build straight

bones and sound teeth. Sunshine is considered "direct" when the rays fall on the skin without having to pass through clothing or window glass, both of which greatly reduce the beneficial effect. When sunshine reaches the skin directly, vitamin D is formed in the body.

But the child does not usually get enough vitamin D through sunshine. Nor can he get enough from the common foods; few of the foods have it and these only in very small amounts. Therefore, it is necessary to give special foods or other preparations, such as fish-liver oil, that supply vitamin D. Your doctor can best advise you which of the many preparations of this vitamin to give your child and how much to give. Some additional form of vitamin D is needed by young children all through the preschool years.

	Family meal	Two-year-old child	Five-year-old child
<i>Morning</i>	Orange (1). Oatmeal (½ cup) with cream. Whole-wheat toast (2 slices). Butter. Milk or coffee (1 cup).	Orange juice (4-6 tablespoonfuls). Oatmeal (3-4 tablespoonfuls) with milk. Whole-wheat toast (½ slice). Butter. Milk (1 cup).	Orange (1). Oatmeal (½ cup) with milk. Whole-wheat toast (1 slice). Butter. Milk (1 cup).
<i>Noontime</i>	Egg salad. Potato (cooked in jacket). Peas, fresh (½ cup). Whole-wheat bread (2 slices). Butter. Fruit cup (⅓ cup). Milk (1 cup).	Hard-cooked egg or beef ball. Potato (cooked in jacket). Sieved peas (½ cup). Whole-wheat bread, stale or toasted (½ slice). Butter. Pear, cooked and mashed (4 tablespoonfuls). Milk (1 cup).	Hard-cooked egg (1). Peas, fresh (½ cup). Potato (cooked in jacket). Whole-wheat bread (1 slice). Butter. Fruit cup (⅓ cup). Milk (1 cup).
<i>Evening</i>	Beef balls with spaghetti. String beans (½ cup). Carrot and cabbage salad. Whole-wheat bread (1-2 slices). Butter. Apple Betty. Milk or coffee.	Well-cooked whole-grain cereal (4 tablespoonfuls) with milk (2-4 tablespoonfuls). Stale bread (1 slice). Butter. Apple sauce (¼ cup). Milk (1 cup).	Beef balls (1). String beans (½ cup). Carrot strips (3 pieces). Whole-wheat bread (1 slice). Butter. Apple Betty (½ cup). Milk (1 cup).

Note.—Fortified margarine may be used in place of butter.

Further information will be found in Children's Bureau Folder No. 25, Substitutes for the Sun.

CHILDREN'S MEALS

Children of preschool age eat at least part of their meals with the family, and their daily food should be planned as part of the family meal planning. Most foods are equally suitable for grown-ups and for children of various ages. Of course, the youngest members at the family table will eat smaller quantities of most foods and they will need to have meat, vegetables, and fruit prepared for easy handling and for chewing with less than a full set of teeth. A few foods that the rest of the family eats should not be offered to the children from 1 to 6, but they will not expect to have them unless some grown-up puts the idea into their heads.

The foregoing day's plan shows how the same meals, with slight variations, will take care of a 2-year-old and a 5-year-old as well as their parents and older brothers and sisters. Unless the family eats its evening meal early, the children of preschool age will probably have their supper by themselves.

Making Meals Easy To Eat

Eating a meal is not easy for a young child. Parents should see that the food is prepared and served so that it appeals to the child. It should also be fixed so that he can eat it with a minimum of help from older members of the family and without getting tired out in doing so. This does not mean preparing meals just for the preschool child. It does mean giving some thought to combinations of foods on the child's plate and to the appearance, form, flavor, and temperature of the food. Those adults who have had a chance to watch thousands of preschool children at their meals have found that attention to a

few details makes all the difference in the world in the way children respond to their food. Here are some suggestions for making meals appealing and easy to eat:

New foods.

Children like best the foods that they know best. Plan to use not more than one new food at any meal. Give only a small portion of the unfamiliar food the first time. Introduce it in the same meal with some food the child likes especially. If the child accepts the little that is offered (*and he probably will if no one makes a fuss*), serve that same food again within a few days and increase the size of the portion slightly. Keep on in this way until the child accepts this food as an old friend; after that, it can be served as often as it appears on the family table.

Food combinations.

Children like very simple foods; they usually like foods served separately rather than combined with others so that it is hard to tell the different foods apart. For example, they tend at first to like meat and potato by themselves better than as hash.

Appearance of food.

Color makes foods appealing to children. They also like food cooked in individual dishes, such as a cup custard, and they are pleased with an occasional surprise, like a few pieces of fruit at the bottom of the cup.

Flavor.

Children learn to like some foods that have a strong flavor—onions, for example—but they usually prefer to eat only one strong-flavored food at a meal. So turnips and peas are better dinner partners than turnips and cabbage. Most children like foods that are not highly seasoned or spiced or very sour

Consistency.

One crisp food in a meal appeals to the child and teaches him to chew as well. Foods that are gummy, sticky, or stringy are almost always unpopular. It often helps to stir a little more milk than the rest of the family likes into the portion of mashed potatoes or a corn-starch pudding that is to be given to a young child. Gelatin desserts should be quivery rather than stiff.

Temperature.

Many young children like most of their foods lukewarm. This is another reason why soft foods like cream soups and sauces should be thinned a little for children; otherwise they may be too thick by the time they have cooled to the temperature that the child prefers.

Size and shape of pieces.

Until children have acquired skill in handling table silver, it will be helpful to serve many foods, such as toast and pieces of raw vegetable, in strips that can be picked up in the fingers. Meat should be cut into small pieces unless it has been ground or minced before cooking. One mashed vegetable on a plate keeps slippery foods like lima beans and cubes of meat from being pushed off the plate onto the tray or table. Some cooked vegetables and fruits should be cut into bite-size pieces so that they will be easier to handle.

Dishes and eating utensils.

A child who is learning to feed himself needs some help from the tools that he is given. Plates, bowls, cups, and glasses should not be easy to tip over or otherwise spill from. Spoons, and later,

forks, and knives, when the child begins to use them, should fit small hands.

The usual "baby spoon" with a curved handle is a poor implement, but one with a short straight handle is more easily managed. The bowl of the spoon should be round and shallow. The fork also should have a short straight handle and wide blunt tines. An adult's salad fork, if blunt, makes a good fork for a child. A child seldom uses a knife at this age.

Eating between meals.

Some preschool children, especially the younger ones, will need something to eat oftener than three times a day. They will probably be hungry at about the same time each day, and a regular plan can be made for a light lunch that will satisfy hunger without taking away the appetite for the more hearty meal that is to follow. The food offered at this lunch should be a regular part of the child's diet; it should be something that supplies minerals and vitamins as well as energy. Many children will welcome tomato juice or fruit juice with a plain cooky or two, or a slice of bread and butter. The child who has a between-meal appetite only for candy or ice cream is probably not genuinely hungry.

Meals away from home.

Some children of this age spend several days each week at a nursery school, where they eat one or more meals. The parents of these children will find out just what foods are eaten at the school so that they can round out the daily needs at breakfast and supper. (See p. 20.)



Clothing

CLOTHING should be chosen for the health, comfort, convenience, and pleasure of the child who is to wear it, and for his training; it should not be chosen merely for the pleasure of an adult who enjoys dressing up the child like a doll.

PLANNING THE CLOTHING

A child's clothes should be so planned that he is unconscious of them; that is, they should be simple, easily cleaned, warm enough for the weather, light in weight, not bulky, just roomy enough for comfort, and without any tight bands. He should also like them, for he may be self-conscious in clothes he dislikes or feels conspicuous in.

In planning clothes for a child, ask yourself the following questions: Can he play freely in them? Are they warm enough but not too warm? Do they allow freedom for his body—for growth, circulation of the blood, and muscle activity? Do they allow him to stand well? Are they put on and taken off easily and managed easily at the toilet? Will they wash well and wear well? Does the child like them?

The need for warm clothing varies, chiefly according to the climate but also according to the season, the child's

physical condition, the exercise he takes, and the temperature, indoors or outdoors. A frail child needs warmer clothing than a robust one, and an 18-month-old child who sits in a stroller needs warmer clothing than a 4-year-old who plays vigorously. Clothing that is too warm makes a child perspire too much and may make him take cold easily. Several light garments are warmer than one heavy one.

In warm weather a child is more comfortable if he wears very little, indoors or outdoors. For a large part of the day all he will need is a sun suit and shoes or sandals. In cool summer weather he needs cotton underwear, cotton dress or suit, and perhaps a sweater when he is not in the sun.

In winter, in a well-heated house (68° to 70° F.), a child should wear practically the same clothes as on cool days in summer. If the house gets cool, he may need a sweater. If the house is poorly heated or the floors are drafty, warmer clothes will be necessary. When the child goes out, wraps should be put on according to the temperature outdoors. The wraps should be taken off as soon as he comes into the house, and as soon as he is old enough, he should be taught to take them off himself.

FREEDOM OF MOVEMENT

Freedom of movement is so important while a child is learning to run and climb and make other muscular adjustments that his clothes should all contribute to this end.

For comfort, for proper circulation of the blood, and for growth, all clothing should be roomy—loose enough so that it will not bind at the knee, waistline, armhole, crotch, or any other part. Especially must the crotch be roomy enough, for tightness there may lead to irritation of the genitals. When buying or making new garments, plan them so that they will fit after shrinking (if not preshrunk) and so that they can be lengthened as the child grows. Stockings especially must have allowance for shrinking. Buy patterns and clothing according to the child's measurements, not merely according to his age; otherwise they may be too small.

The child should be able to play freely and actively without being weighed down by a heavy, stiff coat or being afraid of dirtying or tearing some delicate garment. His clothing should be made of material that is light in weight, soft, easily cleaned, and strong. Clothes that are spoiled easily may prevent a child from joining actively in play and make him an unhappy looker-on.

SELF-HELP

As the child grows older, he wants to help himself, and his clothes should give him the opportunity to do so. The age at which a child can manage his clothes depends upon the individual, on the training he has had, and on the way the clothes are made.

Clothes that are easily taken off and put on and easily managed at the toilet give the child a chance to help himself, and this gives him a sense of independence.

Simple clothes and few of them—opening in front whenever possible, with deep openings and a few large buttons and buttonholes placed where the child can reach them—are likely to be easy to manage. A mark made with colored stitching showing the front and the outside of underwear helps the child to dress himself. A pull-over sweater should be loose enough around the neck so that the child's head doesn't get stuck every time he tries to slip it on.

The child's clothing should fit him and not look as if it belonged to an older brother or sister. A garment that is too large or too small or that the child particularly dislikes may make him shy and self-conscious. The child's clothing should be similar, in general, to that worn by the other children in the neighborhood, for no child likes to feel that he is different from the others. It should be clean and whole or well-mended when it is put on the child, whatever happens to it during play.

PLEASURE IN CLOTHES

By the time children are 4 years old they may develop certain likes and dislikes in clothing because they hear older people or other children comment on what they or others are wearing. By suggestion children may be taught to like simple garments best. By the time they are 5 or 6 they should be allowed to help choose their clothes. No boy should be expected to wear a suit so different from those of his playmates that he feels conspicuous. Nor should a little girl be required to wear a dress whose color she dislikes.

ARTICLES OF CLOTHING

Knitted cotton is good material for underwear, as it keeps the child warm, absorbs perspiration easily, dries quickly, lets air reach the skin, stands

frequent washing and boiling, needs no ironing, wears well, and is elastic enough to give as the child exercises. Smooth cotton material, such as muslin, is cooler for summer. Wool and cotton or wool and silk may be used in the coldest climates.

The seams in all underwear, especially at the armholes and crotch, should be flat, as ridges irritate the skin. The crotch seam should be especially strong also, for it gets much strain.

A waist and drawers or a union suit may be worn. During the second and third years, the toilet-training period, separate shirts and training pants are almost a necessity. Whether shorts or union suits are worn, the garments must be roomy, so that they will not bind nor cut in the crotch. When waist and shorts are worn, the buttons on the waist can be lowered as the child grows, thus giving more room.

Stockings

Stockings should be bought large enough for free toe action and should be well shaped to fit the foot. After being washed, the foot of the stocking should be at least $\frac{1}{2}$ to $\frac{3}{4}$ inch longer than the child's foot (1 inch longer when new to allow for shrinking). Stockings that are too short may deform a child's feet. When stockings are outgrown, they must be discarded at once.

Socks are preferable to stockings except in cold weather. It is easier to wash knees than stockings, and socks also do away with the need for garters, which, if attached to a waist, tend to pull on a child's shoulders.

If a child has been out in the snow or rain, feel his stockings when he comes in; if wet, they should be changed at once.

Shoes

Shoes should be chosen and fitted with great care, as the soft bones of a

child's foot may be injured by poorly fitting and badly shaped shoes. Length, width, the height of the space for the toes, and the fit of the heel are all important.

Shoes should follow the natural shape of the feet and should be $\frac{1}{4}$ inch wider and $\frac{1}{2}$ inch longer than the outline of a child's foot drawn on paper while he is standing. It is best for the child to be present when shoes are bought for him so that they may be fitted properly.

Soles should be firm, flat, moderately flexible, and not slippery. Heels are not advisable, but the soles should be somewhat thicker at the heel and under the arch. The heel should fit snugly, and the toe of the shoe be broad and deep enough so that the child can move his toes freely.

Only if shoes are still $\frac{1}{2}$ inch longer and $\frac{1}{4}$ inch broader than the child's foot should the soles be renewed when worn out. Care must be taken that when shoes are repaired they are not made shorter or narrower or changed in shape.

When the child outgrows a pair of shoes, he should no longer wear them. "Hand-me-down" shoes must not be used unless they really fit.

TYPES OF CLOTHING

Because young children require frequent changes of clothing, their garments should be made of materials that wash well and require as little ironing as possible. Knit garments and those made of corduroy, seersucker, crinkle crepe, and jersey wash well and need no ironing. Collarless necklines, short sleeves without set-in armholes, simple styles, and easy fastenings promote a child's independence and comfort. Timesavers for the mother are zipper fastenings instead of buttons, and raglan sleeves which can be ironed flat.

The Home¹

TO BE HEALTHY and happy a child should have a good home and healthful surroundings. He should have a place where he can have fresh air and sunshine and outdoor space to play in. He should be provided with pure drinking water and good, nourishing food. He should live in a house which has good drainage, heating, and lighting. He should have a room of his own, if possible. If a child must share his room, it should be with another child. He should have a bed of his own.

THE CHILD'S ROOM AND ITS FURNITURE

The child's room can be small and simply furnished. (See pp. 75-76.) It should be located in that part of the house where sunshine and fresh air can come in most easily. The child's bedroom may also be his playroom.

In addition to the bed, a child's room should have a few low shelves or boxes where toys may be kept, a low table, and a chair. Shelves are especially nice for children because toys and books can have their own places, and yet when put away they can still be within sight and reach.

A low table for a child should be made in such a way that the child can get his knees under it comfortably. It should be sturdy and well braced because a child gives his table hard wear.

The windows of the young child's room should be securely screened, and two or three rods or bars across the

lower half of the openings will prevent him from falling out. If the windows are too high for the child to look out of comfortably, a broad step or stool should be provided so that he may watch what goes on outside. Curtains should be simple and bright and should not be put up in such a way as to obstruct the view.

Electric outlets that are within the child's reach may be taped over to discourage him from playing with them. Wall or ceiling lights are to be preferred to lamps with cords that may catch on toys or chair legs. If lamps are used, they should have heavy bases so that they do not tip over readily.

It is of more importance that the furniture should be durable than beautiful, although it can, of course, be both. If painted surfaces are used, it is important to make sure that the paint used will not be injurious if the baby chews on a table leg or edge. Children like furniture in bright, clear colors—red, blue, yellow, and green particularly. Pastel shades are for an infant's or a much older girl's room, not for a preschool child's.

Walls are better covered with paint than with paper, unless the paper is of the washable variety. A plain color is better for the walls than a pattern, because it forms a better background for pictures.

Chairs should be low enough so that the child's feet, when he is sitting, rest on the floor. A saddle seat is preferable to a flat one. The seat should be just deep enough so that the child's back is supported.

¹ See also *Infant Care*, Children's Bureau Publication 8, p. 6.

If there is no space in the bathroom for a wall mirror low enough for the child, one in his own room will please him and allow him to see the kind of job he has made of his toilet.

Chests and bureaus should not be so large and heavy that the child cannot pull the drawers open easily, and the closet hooks, poles for hangers, and shoe racks should be within his reach. The easier it is for a child to hang up and put away his clothes, the smoother his learning these self-help lessons may be expected to be.

The bed covering should be of a durable material that will not easily show soil, so that the child may play freely on his bed.

OTHER FURNISHINGS

The Play Pen

A play pen is a convenience for mother and young child—for the mother because it is a safe place for an active child, for the child because he can play about to suit himself and stand up, sit, or lie down at will.

A simple play pen can be made at home by fencing in a corner of a room or a porch. This, however, is not usually so satisfactory as a movable play pen, which can be put in many different places both indoors and out.

When the child is so young that he spends a good deal of time lying down, the floor of the pen should be covered with a soft, washable pad tied to the corners by strong tapes. For older children who stand or sit most of the time, no pad is necessary unless the floor is chilly. Though the play pen is a great convenience to the mother, she should be careful not to leave the child in it too long at a time and not to continue to use it after the child is old enough to need greater freedom.

Toilet Seat

The simplest toilet seat is a plain board with a hole cut in it to fit the child's buttocks. This can be placed across the family toilet. Such a board may be made at home or it can be bought. Some commercially made ones have a clip for fastening the board securely to the seat of the toilet and yet allowing it to be raised when adults use the seat. A commercial toilet seat with back, arm rests, and safety strap can be bought if the mother prefers.

If the family bathroom is upstairs or if the family has an outside toilet, it is often convenient to have a toilet chair to use downstairs. A toilet or nursery chair can be bought or made at home. With a chamber and a small wooden box it is relatively easy to construct a simple toilet chair for a child.

High Chair

A high chair with a tray can be a great convenience to a mother when her child is still quite young. For a child who is learning to feed himself, the independence which a high chair provides is very good.

The high chair must be sturdy to be safe. It should be the kind which has legs spread wide apart and weighted at the bottom, so that the chair will not tip over. It should have a foot rest, adjusted to the child who is using it, and a safety strap to keep the child from falling out of the chair. If you can buy only one chair, get a low one. You will have to do more bending, but the child will be able to use the low chair longer.

No child should be left in a chair, high or low, for long periods. The chair should be used for feeding, and as the child gets older, for play at times of his own choosing.

(For play equipment and furnishings see pp. 77-82.)

How Children Learn

FORTUNATELY for parents, human infants learn very easily. In fact, they learn so fast that parents are hard put to it to keep one jump ahead, in order to see that their children have more opportunities for learning things that will be useful to them than for acquiring "poor" habits.

Learning goes on from the moment children are born, whether it be learning to roll over, learning to swallow solid food, learning to know the mother's voice. Children learn as naturally as they breathe. They learn by imitating others (watching father pound a nail, for instance), by suggestions that we don't even know we give them ("No, I never could eat liver"), by trying over and over again to do something they want to do (learning to walk, to "pump" a swing, to tie their shoelaces).

Between the time they learn to walk and the time they go to school they cram in more learning than they possibly can in that amount of time later, for they are learning with every bit of their bodies. Their mouths, their ears, their noses, their eyes, their feet, and their hands are all channels for the knowledge that pours into their minds. They learn what different sounds mean, how to get feet into shoes and buttons into buttonholes; they learn to use speech, so that they can tell others about their wants and interests.

Parents can find a great deal of enjoyment in setting the stage so that their children make the most of these tremendously important years if they will keep in mind some of the rules upon which learning is based.

UNDERLYING PRINCIPLE OF ALL LEARNING

Learning is dependent upon maturation. This means the development of all parts, structures, and organs of the body until they reach maturity; it takes place by degrees.

How a child learns will depend upon the readiness of his body, especially of his brain and nervous system, for whatever it is we want him to do. Try as we might to help an 8-month-old child learn to draw a picture of a man, we would fail because he is not mature enough then to do anything more with a pencil than to scribble. But we can teach him to hold a cup to drink from; that he is ready for.

RECOGNIZING READINESS TO LEARN

We are sure to fail if we try to teach a child something before he has developed enough to undertake it. Sometimes people try to bring about the dry habit in a baby whose nervous system has not matured enough to make control of the bladder possible. (See p. 45.) To sit quietly in church or to remain quiet at the table while grown-ups enjoy a long-drawn-out meal is very difficult for 2- and 3-year-olds because they have not developed to the point where they can bear to be inactive for so long.

If attempts are made to force a child to learn things he is not ready for, his lack of success is all too likely to make him unwilling to try to learn other new things.

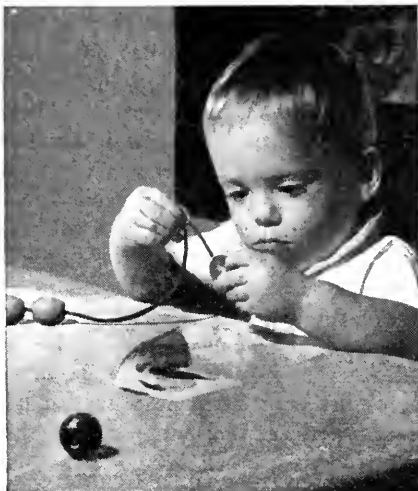
Waiting until the proper stage of development has been reached is important, but just as important to a child's habit training is an opportunity to do things when he *is* ready. If he is not allowed to experiment and practice when he has an urge to do so, he may lose the desire to learn. This is sometimes true, for example, of a child whose mother does not take advantage of his interest in feeding himself when it appears. By continuing to feed him she gradually builds up in him a feeling of pleasure at getting this attention that is greater than the pleasure he would have in doing something for himself. This loss of desire to learn can happen in connection with playing with other children, dressing himself, or any other part of his learning experience.

PLEASURABLE REPETITION ESSENTIAL

A child, like everyone else, has to do a thing over and over again to learn to do it well. When he takes his first steps, a baby's movements are clumsy and unorganized. Only after many attempts and many months does he succeed in emerging from the staggering, wavering stage of walking to the sure, confident gait of the 3-year-old.

It is the same with everything he learns; holding a spoon, building with blocks, steering his wagon—all have to be practiced over and over.

But why do some things take so much more repetition than others? Why does a baby learn the thumb-sucking habit after only a few tries and yet take so long to learn to keep dry? This brings up another very important part of learning; that pleasure-giving acts become habits much more quickly than things that give no special satisfaction. Thumb sucking gives a child pleasure, but it is no fun for him



Each new achievement adds to his ability to meet what life brings.

to keep having his clothes taken off and to have to sit still on the toilet.

Because he tends to repeat what he enjoys, it is worth while for us to try to make enjoyable those things we want a child to learn. Going to bed, washing, eating desirable foods are some of the things we want the child to make habitual, so we must make them simple and pleasant. A story at bedtime helps to make going to bed enjoyable. Having the things a child needs for washing handy for him and letting him do as much as possible himself about getting clean, encourages the enjoyment of cleanliness. A small-sized fork, foods that are attractive to look at as well as to taste, a cup or glass that can be handled easily help a child to learn good eating habits. In the earlier stages, letting a baby have a spoon and try to help feed himself when the food is easily managed (like mashed potatoes) is a good plan, for he finds it pleasant to be active in satisfying his own desires. A happy atmosphere at mealtime too will encourage him to form good eating habits.

Of course, we must be equally careful to see that a child has no chance to attach unpleasant feelings to the things we want him to learn. Thus, we must see to it that he is not uncomfortable on the toilet seat when we are training him for toilet habits. We must be sure not to nag and scold him when he is learning to feed himself. We must make sure that he has interesting things to do when we are teaching him to play alone. When he is learning to play with other children, we must try to arrange it so that his first experiences are happy.

Interferences With Learning

1. If we insist too much or too frequently that a child do a certain thing over and over, we shall dull his interest and may even lead him to develop a resistant attitude. If, for example, we insist on a child's feeding himself for a whole meal while he is still very far from expert at it, we are hindering the building up of good eating habits. If we interrupt his play too frequently to put him on the toilet, we risk having him hate the whole business.

2. If a mother is too concerned about her child, she may actually slow up or interfere with his learning. Too great anxiety over whether a child eats enough, sleeps enough, learns to keep dry early enough often has the effect of making him resist learning. If she talks too much about his eating, sleeping, toilet, or other habits, she causes feelings of unpleasantness, and this is just the opposite of what she is trying to achieve.

3. If the parents are impatient at their children's slowness and fumbling in learning to do things that seem simple and easy to grown-ups, they may hinder good habit formation by making a child stubbornly refuse to try, or fearful of trying, new things. If we tried to look at things through children's eyes, and to feel things through their skin and muscles, we would be slower to criticize and correct when they make mistakes or seem clumsy.

Such things as getting a button into a buttonhole, getting peas up off a plate, and closing a door gently all involve delicate, fine muscle movements that require many trials, with many errors, before they are fully mastered. We should praise the child's successes and not show irritation over his failures.

Setting the Stage for Easy Learning

Children will learn desirable habits more cheerfully and quickly if parents remember to arrange things so that learning is made easy and simple. Clothes, for example, should be made in such a way that the child can get into them easily and can fasten them himself. Table arrangements should take into consideration the difficulty a child has in handling dishes and silver. When he is eating at the family table, his chair seat should be high enough so that his arms can move freely above the level of the table; his feet should rest firmly on a stool or box provided for that purpose.

Learning To Eat

BECAUSE food is enjoyable, learning to eat is one of the easier things for a child to pick up. A baby is born with the ability to suck food. (It would be too risky for nature to depend on the parents to teach that!) But even here, if his first experiences are not pleasant, if, for instance, the bottle nipple or breast from which he takes his food is hard to deal with, the infant may become discouraged. This very early "learning" (pleasantness or unpleasantness connected with food) has much to do with what a 1- or 2- or 3-year-old's eating habits will be.

By the time they are a year old, most babies have learned to eat many foods; some have learned, perhaps, that turning their heads away from a new or unusual food meant that something else was substituted. Having learned first to take water from a cup, they gradually changed over from bottle or breast to drinking milk from a cup.

Very soon after this they begin to want to help feed themselves. Because it is fun to be active in satisfying one's desires, the child grabs the spoon and sticks it into the food himself. If he succeeds in making a bit of food cling to the spoon long enough to get it to his mouth, he will be likely to try again.

As we have said, learning anything means repetition. Because a child is more likely to repeat something that is pleasurable, the pleasanter we can make it for him to feed himself, the better. If, for example, his mother tries to help too much, the child's efforts may slow down because it is no fun to be interfered with. If she gives

him foods that are hard to manage (cereal that is too liquid, a piece of bread that crumbles), the pleasure in trying to feed himself is lost. While a child is learning to feed himself, it is especially important to serve food that he likes well enough to make the effort. He should be allowed to use his fingers, too, as this way of getting food to his mouth comes naturally to him.

With each passing week, the child's nervous system is maturing, so that he becomes better able to twist his wrist and get the spoon up to his mouth right side up. That he is unable to do this before reaching a certain stage of development reminds us again how useless it is to begin training for any skill until a child has matured enough to be ready for it.

At the outset a child's mother should let him feed himself during the early part of his meal, when he is hungriest, and then quietly feed him the rest of the meal herself. To choose times when he is not tired and sleepy is important.

The main things to keep in mind are:

1. When a baby shows a strong desire to feed himself, it is time to let him try.

2. Much practice is necessary to perfect any skill, so you must expect the baby to be messy about feeding himself for a good while. What little he wastes will not be so costly as the resistance you may set up by constantly correcting him.

3. The repetitions must be pleasant if the learning is to proceed well, so scolding or hurrying is taboo. A plate

with raised sides; a low cup with a handle, rather than a glass; a spoon and fork with short, straight handles—all will help.

It is necessary to give a great deal of help while a child is learning to eat by himself, but it will usually be better if a mother does not give the child all her attention. His high chair, or small table and chair, may be placed in the kitchen, where she can be working but can still keep an eye on him to see when he needs help. If his mother sits down with him, she is likely to become irritated by his slowness and to keep fidgeting at him to hurry. A child's unavoidable spilling and general awkwardness will not be the occasion for so much comment if he eats alone or with another child.

EATING WITH THE FAMILY

In some homes it will be more convenient if the child eats at the family table fairly soon. In others everyone will be happier if he is fed separately. Each family will have to decide for itself which works out better; but it is safe to say that the youngest is better off eating alone if adults or older children are constantly correcting him for the way he holds his spoon, or reminding him, while he is still very inexperienced, not to spill his soup. A young child will not want to sit at the table throughout a meal of several courses, and it is unfair to expect it of him. Another reason why it may be better not to include a young child at the family table is that his mother will have more freedom to enjoy her own meal if he eats beforehand.

If a child does eat with the family, everyone must be careful not to make unfavorable comments about the food. Children love to copy someone they admire, so if father turns up his nose at

a certain dish, they are likely to follow. If a member of the family is on a diet or cannot eat some things, care should be taken not to make these peculiarities a topic of conversation. Many families, by talking too much about food, concentrate children's attention on it rather than on enjoyment of companionship.

A child who eats with the grown-ups should not be given tastes of unsuitable foods. If this practice is not started, a child will take for granted having different food from that of adults.

If, for any reason, the meals for adults cannot be served at regular hours (if, for instance, the father is a physician or is working at something that often keeps him overtime), it will only stir up trouble to have the children eat with the grown-ups. Little children need to have their meals served with great regularity, as is shown by the greater frequency of cross behavior in children whose mothers are careless about this.

LARGE AND SMALL EATERS

Children differ greatly in their food needs. A child who has a very small appetite may be just as healthy and grow just as well as one who eats a great deal more. Some children burn up their food very fast; others, less strenuous and excitable, need less food to supply their energy.

Even children with good appetites often lose interest when they face a plate piled with food. Small servings don't so overwhelm a child, and second helpings can be served if he shows an interest in eating more. New foods especially should be introduced in very small amounts; a child will eat a teaspoonful of squash or onions when he might make a scene over having a tablespoonful.



How she holds her spoon is of far less importance than a hearty appetite.

If a child is happy and lively, is growing and gaining weight as he should, and is eating a sufficiently varied diet, it may be assumed that he is probably eating enough for his needs.

Eating Between Meals

If a child has a good appetite for his meals and still gets hungry in between, a regular midmorning or midafternoon snack may be desirable. What should be remembered is that the snack should be given regularly, at the same time every day, and that it should be light, so as not to interfere with the child's appetite for his next meal. A sandwich, an apple, or fruit juice and a cookie are suitable. Many people think of milk as being an ideal between-meal food. Some children will be unable to drink a large glass of milk without its affecting their appetite for the following meal. In such cases small glasses of milk may be offered.

Lack of Appetite

There will be times when a child does not eat so well as at others. If a mother learns to recognize some of the reasons for lack of interest in eating, she will be able to handle such times better.

When a child is coming down with a cold or any form of illness, he usually cares little about food. In fact, lack of appetite in a child who usually eats well is one of the first signs of illness.

If refusal of food occurs without any obvious reason, it is a good idea to watch the child carefully for a few hours in order to note whether there are any other signs that he feels "off color." If he is listless or whiny; is easily irritated by little things, or acts different in other ways from his usual self, it may be well to take his temperature. Because a runny nose is one of the first noticeable symptoms of some early childhood diseases, the mother should watch for it

especially. (See p. 121 for symptoms of illness.)

If the child is not ill, he will probably be ready to eat by the next meal. If he does turn out to be ill, it will be better for him to have eaten lightly.

A child whose appetite has not returned after an illness must be reeducated by slow degrees. It may have been necessary while he was sick to encourage him to eat and to provide special foods in order to tempt him. Once he is well again, this sort of thing should be tapered off and his regular diet substituted. If no comments are made about the child's eating, if he is encouraged to be out of doors as much as possible, and if he gets plenty of sleep and rest, his food habits should fairly soon be back to normal.

Sometimes refusal of food is due to a child's not being active enough to make him hungry.

Appetite is best kept lively by a well-balanced program of play—indoors and out—rest, and sleep. A child who is used to vigorous outdoor play may be much less hungry if there is a change in his routine that prevents his working off energy out of doors. As Kipling's verse says, "the cure for this ill is not to sit still." Whether the child follows this advice and takes "a large hoe and a shovel also," rides his tricycle, swings, or slides, doesn't matter, just so long as he is actively having outdoor fun. In winter, if the weather is very bad, the windows of his room may be opened, and he may be dressed in out-of-door garments to play in the open air although he is inside.

Having too little sleep may sound like an odd reason for a child's not being hungry, but an adult has only to remember his own lack of interest in breakfast after being out late and losing sleep to realize that a child's appetite may be affected in this way, too. Regular hours

for nap and bedtime are essential to the encouragement of good eating habits.

Another reason for lack of hunger may be that the child has been eating between meals. If a normally hungry child suddenly loses interest in a meal now and then, it may be a good idea to find out whether a well-meaning neighbor may have been offering cookies, or whether some other child's mother, making up the sandwich that is a regular feature of her child's day, may have supplied an extra one for your child. Maybe someone has given the child an ice-cream cone, or he may have asked for a glass of milk when he saw someone else getting some out of the icebox.

In such a case, the rule against irregular "piecing" between meals has to be made clear to the adult offenders and their cooperation sought.

Still another reason for a child's having little or no appetite is an emotional upset. If a child has been frightened or alarmed, or if he has been through an exhausting scene in which his will was pitted against that of an adult, he will be in no condition to eat. If he has just come home from some exciting event, like the circus or a movie, the chances are his body is reacting wisely in telling him to avoid eating.

It is not good sense to urge food upon a child who has been under any emotional strain. To see how much food excited young children leave untouched at a birthday party or when they have the new experience of eating at a restaurant, shows how nature postpones hunger till the body is ready to take care of food.

ATTENTION-GETTING BEHAVIOR

Any discussion of eating habits that omitted refusal of food as a way of getting attention would be leaving

out one of the problems mothers meet most frequently.

Partly, no doubt, because of the present-day interest in nutrition, partly because, not having big families on their hands, many mothers now have more time to worry about their child's eating, a distorted situation has grown up in many American homes. The parents in these homes may become so concerned over their children's nourishment that the children discover they have at their disposal a very effective way of getting attention and sometimes, of getting their own way.

Once the mother recognizes that this stalling about eating is a device her child is cleverly using to get notice (something that all human beings enjoy and will work pretty hard for), it would seem a simple thing to stop giving it. That this is not so is shown by the number of parents who beg for help in handling their children's failure to eat but who cannot bring themselves to carry out the suggestions made to them.

They are told, "When the child gets hungry he will eat. Let him alone. Don't let him see that you are concerned. Better still, don't *be* concerned."

Many parents whose child's unwillingness to eat has become a real "problem" (of course, the parents' worry is really the problem) will try the plan of quietly removing the child's food if he has not eaten in a reasonable length of time. But then, if the child's long-standing practice doesn't stop at once (and of course it doesn't—habits aren't changed so easily), they become worried and begin coaxing again. Children don't starve because they go without a meal or two or even three. If a child is in good physical condition (as such children surprisingly often are) and your physician suggests it, it is safe to follow for as long as a week or two the

plan of offering food and taking it away with no comments if it goes uneaten.

But the very mother who has got deepest into this kind of trouble is the overanxious, overcareful one who finds it hardest to pull out. The one who has merely blundered into the habit of talking too much about her child's eating habits, or whose child's lack of appetite is due to some temporary thing, finds it pretty simple to right-about-face. But the mother who allows a child to rule her finds it hard to put on an unworried smile. It takes courage for such a person to seem to neglect her child's health by being unconcerned when he does not eat. Of course, she ought to feel guilty when she *gives* too much attention rather than when she refuses to give it. But it is hard to break a habit in which a woman has so much personal interest as in her feelings about her children.

The parent who tends to be too emotionally tied up with her child will not succeed in doing a good job until she learns to stand off and look at her behavior as she would at someone else's. In order to *act* casual and unconcerned she has to *feel* casual and unconcerned. This does not come about without practice and very real effort.

MALNUTRITION

Malnutrition may be the result of poor eating habits, although it may also be caused by other things. Some children, for example, may have a good diet but their bodies may not make use of all the nutrients they need to be well nourished. Many children, however, are malnourished because they have not learned to eat the right kinds of food in sufficient quantities. Correcting these poor food habits often leads in time to restoring the children to a satisfactory state of nutrition.

After the mother has provided a large enough variety of foods, she has to see that the child eats all of them and not only those that he likes best or is most familiar with. A child who is allowed to drink as much milk as he likes may not be hungry enough to eat vegetables and meat. Another child may be filling up almost exclusively on bread and butter—good foods, of course, but not containing all the elements needed in his diet. A little cleverness on the part of parents may prevent or correct these poor food practices. If the child tends to drink his milk first, it can be withheld until vegetables and meat or egg have been eaten. The foods about which the child is least enthusiastic can be offered to him at the beginning of the meal when his appetite is the keenest, and he can be made to understand that he is expected to eat these foods before he gets others. Because sweet foods are usually well liked, a finicky child's dessert should not be put on the table until he has finished the main part of his meal.

Lack of appetite due to chronic infec-

tion, decayed teeth, or other physical conditions, cannot be expected to clear up until the underlying causes have been taken care of. The importance of frequent physical check-ups to prevent such things, or to catch them before they become serious, is evident. (See Physical examination, p. 9.)

DAWDLING

Sometimes young children cause a great deal of annoyance by dawdling at meals. These are likely to be children who eat less heartily than children who set to and finish promptly. Urging and talking about their slowness may only result in their eating less.

Such children are often better off eating alone, as there are fewer distractions to slow them up. If the mother of a slow-eating child is herself inclined to do things rapidly, she will have to be extra careful not to keep jogging and nagging at him. Many a child has become a real "problem" because he enjoyed the fuss that was made over his slowness.

Bowel and Bladder Control

ONE OF THE first ways in which we try to train a baby is in regard to elimination. Sometimes a mother's eagerness to have her baby learn to keep clean and dry leads her to begin such training before he is ready for it. She may often succeed in having him move his bowels into a vessel, and she may cut down the number of diapers she has to wash by holding him over a pot to urinate after he has slept or eaten, but she must not get the impression that he is being "trained." For until a baby is 10 or 12 months old, his nervous system is not enough developed to enable him to form any association between the act of voiding and his feeling of need. Until he has reached an age when he makes this connection, any real "training" is impossible.

When a baby can sit alone easily and has bowel movements at a fairly regular time, which will probably not be much before 9 months, bowel training may be begun. If, however, the baby's regular time of evacuating is disturbed by attempts to get him to use the toilet, so that he begins soiling himself at odd hours, training should be discontinued for a month or so and started again when a regular time is again established. A mother's overemphasis on cleanliness or the frequent use of suppositories sometimes results in a child's acquiring the habit of constipation.

When a baby begins to show that he understands when you praise him for moving his bowels or urinating while

on his toilet seat, it is time to begin real training. This means putting him on the toilet at certain regular times—when he wakes in the morning, just after each meal, before and after naps, and at intervals in between. Keeping a record for a few days of the hours at which he is wet or has had a bowel movement will help in planning a schedule so as to anticipate his needs.

In a few weeks you will probably find that he is learning to urinate or move his bowels more readily when you put him on the toilet. He should not be left sitting there long at a time, as being inactive for more than 5 minutes is very hard for a young child and may make him resist efforts at training. Make sure that he is comfortable, that he feels safe on the chair or toilet seat that you have provided. At first, for example, a low chair may be better than a small seat fitted over the regular bathroom seat, which is so high the child may be afraid of falling. A box for him to rest his feet on is helpful. It is a good idea, too, to vary the arrangements, sometimes having him sit directly on a pot in order that he may not build up the habit of being able to urinate or defecate only under one set of conditions. It is sometimes very hard, when moving or traveling, to provide conditions exactly like those the child is used to at home.

It is important to praise the baby with a smile and word of approval when he is successful and to keep from talking about the times he soils or wets himself. Since you are training for

the dry habit, removing his diaper as soon as he wets it will encourage his enjoyment of being dry.

As soon as possible after a baby walks it will be a good idea to have him wear training pants during the day and use diapers only at night. He will have more incentive to keep dry when wearing pants, as it is probably more uncomfortable to be wet in pants than in warm, close-fitting diapers. Also, training pants can be pulled down quickly when he is taken to the toilet.

Do not expect your child to make steady progress in learning bladder control. Do not become upset if there are times when he fails to keep dry. Perhaps he will slip back when he is learning to talk. There is some ground for belief that when a child is learning a new skill, some others that he had acquired may have a set-back for a while. Other things, such as sudden changes in the weather, a slight cold, or a new maid, may be responsible for lapses.

Still later, when a child is allowed more freedom, he may be so much interested in his play that he does not notice the sensation caused by a full bladder and so gets wet before he realizes his need. It is annoying when a child comes to tell you just after urinating instead of before, but his telling you at all is an encouraging stage in his learning, for it means he is beginning to realize his responsibility. The next step in his learning is to recognize the need a little earlier.

If not too much emphasis is placed on a child's learning, if he does not get the feeling that his mother is too anxious for him to control himself, he is more likely to establish the dry habit satisfactorily.

The mother who has had a little girl first may be surprised by the seeming slowness of her little boy's learning. As has been pointed out earlier, little girls, because of their slight advance over boys

in physical development, tend to acquire many self-help habits a little earlier than boys. But individual children, whether boys or girls, even in the same family, vary greatly in the time required for learning certain skills. Learning bladder control is one of the things in which we must expect a great deal of difference in children.

At the stage when the child occasionally has a dry night, it may be worth while for his parents to take him to the toilet when they go to bed, or, if they discover that the wetting occurs much later in the night, about half an hour earlier than it usually happens. A little experimentation may be necessary to find out when the child tends to urinate during the night. This is usually at a fairly regular time.

Praising the child when he has a dry night and making no comments on those mornings when he is wet, are points to remember at this stage.

ENURESIS (BED WETTING)

Reasons for Bed Wetting

Most children keep dry during the day soon after they are 2, though it may be another year before they can remain dry through the night. A child who still wets the bed when he is 3 may be doing so for one of several reasons:

(1) His training may have been poorly handled from the start, so that he has never really learned to keep dry.

(2) His poorer control may be associated with a less stable emotional makeup than that of children who keep dry easily. One child may be more easily affected than another by exciting situations: The first days at nursery school, the presence of guests in the house, or going on a trip may result in his wetting the bed for several nights.

(3) Usually bed wetting does not mean that there is anything the matter with the child physically. But if an ex-

planation for the child's bed wetting is not readily found, it is a good idea to have him examined by a doctor. A child who wets the bed does not necessarily have a "weak bladder" or "weak kidneys," as was once widely believed.

(4) Another thing that seems to be responsible for many a child's failure to learn to keep dry overnight, or for his slipping back after the dry habit has once been learned, is a feeling of insecurity. Any kind of upsetting event may make him feel insecure: A feeling that all is not well between his parents, a suspicion that maybe his mother loves his younger brother more than she loves him, the fear that comes over him if he is separated for some time from his parents—these are a few of the kinds of things that may make a child feel that the ground under his feet is slipping. It is well known that, when a new baby comes, children often go back to habits long outgrown.

The belief that enuresis is likely to occur when children's relations with their parents are endangered has been given the support of observations after the evacuation of children from English cities, when bed wetting was one of the outstanding problems associated with children's separation from their parents.

It is worth while noting that bed wetting and diurnal enuresis (as wetting during the daytime is called) are often accompanied by a number of other "symptoms" or problems. The enuretic child is all too likely also to be easily excited and restless, irritable and whiny, to have feeding difficulties or temper tantrums, to bite his nails or show his "nervousness" in some other way. How often this is due to something inborn and how often it is due to poor training, there is no way at present of knowing. But wetting by night or by day is so often associated with a sort of general immaturity that parents would do well to encourage in their children from

the early years feelings of self-confidence and belief in themselves.

The parents' attitude and its effect upon the child are of much greater importance than the actual wetting, day or night. If the child is made to feel guilty and fearful, this may influence his self-respect and his whole character. Shaming a child is to be avoided as one would avoid exposing him to a disease.

Overcoming Bed Wetting

First of all, any conditions that interfere with the child's comfort and happiness should be remedied insofar as possible. He should have plenty of opportunity for sleep and rest, and, above all, a pleasant, cheerful home in which to live. If strains are put upon him, such as bullying playmates or a grandmother who smothers him with devotion, they should be relieved. Anything that takes away from his confidence should be eliminated. For it is confidence that he can rise above the hampering habit that we want to bring about.

Several little things may be helpful to the child by giving him the feeling that he is actively doing something about his difficulty. It may help to cut down fluids by substituting supper foods that contain some moisture (such as celery, cabbage, and apples) but that do not cause a child to want to drink quantities of water, as crackers or other very dry foods. But limiting the amount of fluid taken in the late afternoon and evening will not work if a mother harps on it and upsets the child by refusing him any milk at supper or any water when he is hot and thirsty. She will find that this sets up additional tension and so does more harm than good. This method of limiting fluids should be used only if the child will enter into the plan. It should not be permitted to become a source of friction between the child and his mother.

The same might be said about getting a child up at night. If it can be made his responsibility, by means of an alarm clock, he may gain by feeling that the nightly trip to the toilet is a way in which he can help in stopping the bed wetting. However, many bed wetters are children who sleep very heavily. With such children the added burden of trying to wake up may increase their tension. In these cases the parents should take the responsibility for waking the child, who then should go to the toilet by himself. If he is allowed to urinate while still asleep, he does not know he is doing it.

With some children giving gold stars as a prize for dry nights may help. When a child has become so hopeless as to feel indifferent, a little praise or a reward may make him want to try again. The most effective thing of all will be the exhilaration the dry bed gives him.

A POINT TO REMEMBER

Throughout training for bowel and bladder control it is well worth while to avoid setting up in children's minds the idea that there is anything disgusting or dirty about defecation or urination. Feelings of this sort can easily result in a child's forming this sort of association with his genital organs and consequently tying up sex with feelings of shame. If getting rid of body wastes is made matter-of-fact and body parts and functions are referred to by their proper names, children will not feel there is anything shameful about them.

Children learn very readily that society demands a certain amount of reserve about elimination. They can acquire this reserve, however, without the shame that often used to be developed about the body and its functions.



Learning Good Sleep Habits

IN ORDER to grow and develop well, children require an abundance of sleep and rest. The younger a child is, the faster he is growing and the greater are his sleep needs.

The establishment of regular hours for sleep and rest contributes greatly to a child's well-being, for sleep is one of the natural physiological functions that tends to be rhythmic.

For young children some sleep during the day is preferable to having all the sleep come at night. Even after a child no longer naps in the afternoon, he needs some time for quiet relaxation in order to avoid being overstimulated. The great majority of children, however, continue to nap at least occasionally until they are between 4 and 5. At 5 (the usual age for entering kindergarten) the percentage of those taking naps drops from about 70 to 30, according to a study of the sleep habits of almost 1,200 children.

Many schools now arrange for periods of rest on mats or cots, and children well beyond kindergarten age often fall asleep when given a chance to do so. This suggests that mothers might profitably include a rest period for children who have reached the age of 5 or 6 and are in school part or all of the day. A child who is new to the large group he mingles with in the schoolroom is likely

to be so keyed up by his school experience that he has very great need of planned rest at home.

NAPS AND REST

Young children usually eat their noon meal better if they have been allowed a few minutes to calm down from play. Perhaps coming in and washing up, taking off outer garments and shoes, and putting on a dressing gown will afford enough quieting down, but in some cases actually lying down for 5 or 10 minutes will be better. This is the practice carried out at nursery school, after long experience.

If a child's nap immediately and invariably follows his noon meal, he will go to bed more willingly than if he is sometimes allowed to play around for half an hour or so afterward. One of the reasons for getting a child undressed for his nap before his dinner is that he will then be less tempted to run out of doors after he has eaten. Since cutting down the things that stimulate a child has much to do with his being in the mood for sleep, the relaxation that follows eating will help in getting him to sleep.

If from babyhood a child has slept while the household noises were going on, he should not be bothered by ordinary sounds; his closed door should be

enough protection. Although light in itself should not bother him, it is one of a number of things that may make it less easy for him to go to sleep; consequently to pull the shades down at naptime and to turn out the light at night will be useful. Once babyhood is past, a child has eyes and ears for so many things that it is just as well to plan the setting for sleep with this in mind.

By the time a baby is a year old he has probably changed from two naps a day to one. This nap should come (whether he is 1 year old or 4) early enough in the day so that he can have some time out of doors while there is still sunlight. The length of the nap will be shortened greatly between the ages of 1 and 5 but the length of nighttime sleep will hardly be changed at all; children usually sleep 11 to 12 hours at night throughout this period.

The 1- and 2-year-olds will probably take a nap of about 2 hours; 3- and 4-year-olds gradually reduce their sleep to about an hour. If the nap is postponed too long, a child may be so tired that he sleeps too late, loses out on the time when he should be out of doors, and may not be ready to go to bed at a suitable hour.

Although it is not recommended that children be wakened from a nap, it is sometimes necessary. If a child has acquired the habit of taking a nap lasting too late in the afternoon, it is well to rouse him gently and unobtrusively. Opening his door or closing his window will probably suffice. To rouse him suddenly is not good, as it may make him irritable.

A child who is outgrowing his nap may be told that he need not go to sleep but may rest. Such a child sometimes falls asleep, once he is relieved of the necessity of proving that he does not want to. If, after three-

quarters of an hour or an hour of quiet (with a book or a toy for quiet play) he has not fallen asleep, he should be allowed to get up. Being alone will have rested him a good deal.

Some children fight sleep for fear of missing late-afternoon fun. A promise to wake them at a certain hour should dispose of this fear. Anyhow, it is better for the child to lose an occasional nap than to have battles and tense situations over sleep.

It does no good to expect children to go to sleep "as soon as their heads touch the pillow," for very few do. Some children take 15 minutes, some half an hour, before they drop off.

NIGHT SLEEP

One of the good arguments in favor of getting children to bed early is the need of a time of relaxation for the mother. But if she wants her children to go to bed willingly, she must be very careful not to let them think that she wants to get rid of them. A child who feels that his parents are in a hurry to get him out of the way will try to stay up as long as he can. If, on the other hand, regular hours have always been held to, and going to bed has always been made a pleasant routine by being associated with conversation, stories, or music, it will be accepted as a matter of course.

Giving a child a few moments' notice before bedtime so that he can wind up what he is doing is a great help. He will more readily accept leaving his play if there is a definite hour for going to bed; and having the burden put on the clock keeps a child from feeling that personal pressure is being put on him by his mother or father.

In many families young children are fed and put to bed before their parents eat. This is an especially good thing

to do if the family dinner hour must be as late as 6:30 or 7, but there should be some time when the children can be with their father. Having them eat their supper as early as 5:30 or 6, then get ready for bed and have a period of quiet play while the mother is getting dinner for the rest of the family works out well in many cases. If the family eats at 5:30 or 6, it may be simpler to have the children eat with the grown-ups. As they will not want to linger over their meal, they may be allowed to leave the table and busy themselves until their mother or father is ready to get them into bed.

The hour for going to bed will depend on the family routine. Although children differ in their sleep needs, the average child will sleep about 11 hours at night. Thus, if his parents are very early risers, they will want him to get to bed by 6 or so. If they do not have to get up until 7 and do not want him to waken them when he has had his sleep out, they may prefer letting him stay up until 7 in the evening.

One of the good reasons for a regular bedtime is that when children go to bed later than usual, they generally do not make up their lost sleep by sleeping later in the morning.

A good rule is to arrange things so that a child has plenty of chance to sleep 11 or 12 hours without being disturbed by the bustle that is sure to occur when others get up. Each year a child may be allowed to stay up a little later than the year before. If this is made a rule, the younger child will not tease to stay up until an older child goes to bed, as so often happens when no plan is in force. Even a very little child can see the sense of having privileges added as he grows.

PROBLEMS CONNECTED WITH SLEEP

Failure To Go To Sleep

When children fail to go to sleep fairly promptly at night, it is usually due to one of these causes:

Exciting play near bedtime.

The end of the day is often the only time a father has to see his children, and he may play with them then in an overstimulating way. Romping is thoroughly enjoyable to young children, but it may leave them keyed up and in no condition to go to sleep. A story hour or singing time with their father gives them and him just as much pleasure, without poor results. Stories read or told at this hour should be carefully chosen, as preschool children are very imaginative and tend to be more disturbed than adults realize by the adventures told in stories.

If the child is worn out because of too strenuous play with other children late in the day, his hour for coming in may need to be set ahead, or he may have to be limited to play with one other child late in the day.

Lack of sleepiness.

When a child is not sleepy after being in bed a considerable time, it may be that his nap is coming too late in the day. His whole schedule may need changing. Perhaps he is a child who needs less sleep than the average, or he may be getting too little physical exercise.

Desire for attention.

If a child makes a nuisance of himself by insisting on a drink of water, a handkerchief, or a trip to the toilet, wants to have his bedclothes straightened out or

a noise explained, we may be fairly sure he is making these demands for attention because he has found they work. All children like to feel they are important, and if a child discovers that he can make his parents step lively to satisfy every whim, he can think up a whim a minute, it is such fun to be the center of things.

The cure for such behavior is to be sure that he has enough of your love and attention at all times and then be firm. Listen to him and talk to him at suitable times and refuse to be bullied at others. Be sure that all his needs are cared for before he goes to bed; tell him that when you say good night and close the door, it is final. If you say it firmly and convincingly, he will believe you.

Undesirable physical conditions.

If no other cause for restlessness and failure to sleep can be found, the physical conditions under which a child sleeps should be checked.

Children are more often too hot than too cold, as many mothers tend to cover them too warmly. Because he has more skin surface for his size than an adult, a child heats up and also cools off more quickly. His bed covers should never be heavy. If his room is very cold, it is better to put on an extra night garment, such as a sweater or shirt, than to load him down with covers.

In very warm weather it is often desirable to let a child stay up until the temperature in his sleeping room makes going to bed bearable. An electric fan, placed so that it does not blow on the child, is sometimes helpful, as its hum tends to encourage sleep.

Disturbed and Restless Sleep

In the case of a child whose sleep is often disturbed, who cries out or talks in his sleep and has night terrors and

bad dreams, several things must be considered. It may be that he gets too excited and overstimulated in play during the day, and that he is overtired, but more frequently the cause for such behavior will be found in feelings of insecurity and fear that his parents have not recognized. Worries unexpressed in words or actions during the day come out while he is asleep. If an explanation for such disturbances cannot be found by the child's parents, help should be sought from the family physician or a guidance clinic, if one is available.

Upsets in Sleep Routine

There is unlikely to be much interference with a child's sleep habits unless he (1) has an illness; (2) is affected by marked changes in living conditions, such as moving, traveling, or going on a visit, one of which is almost sure to occur sooner or later; or (3) has become too dependent on a certain routine.

On account of illness.

Illness is very likely to disturb a child's sleep schedule as, being in bed all the time, he sleeps at irregular hours. Also the idea of bed becomes unpleasant to him because he has been uncomfortable or in pain there.

If he fails to slip back into his old sleep habits after he is well, it may be a good idea to make some change in the physical set-up so that he will not be reminded of the unpleasant time in bed. Perhaps his bed can be moved to a different corner or he can have some new pajamas or a new doll to take to bed with him. Any little change that will tend to connect feelings of pleasure with nap or bedtime may help. It is especially necessary to see that he gets outdoors as much as possible, for exercising in the fresh air will make him ready for sleep. If, while he is convalescing, he cannot

play vigorously, he can be out on a porch or go for walks.

It is particularly inadvisable to show concern over the disturbed sleep habits, as such anxiety will only establish the poor habit more firmly.

On account of moving or traveling.

Traveling or moving often results in days or even weeks when getting a child to sleep is difficult. Making sure something is present from the old familiar surroundings is a great help. If a child cannot have his own bed, a familiar blanket or other bed covering will be soothing. Being wrapped in his mother's well-known dressing gown may remind him of home enough to put him at ease on the train. Anything that takes away the forlorn newness may be useful.

It is wise to make the child's new daily routine conform as closely as possible to his former one. Thus, if a period of outdoor play has been part of his regular morning at home, it will pay to continue the same plan in the new place, even if it means leaving the settling you are eager to do and taking him outside yourself.

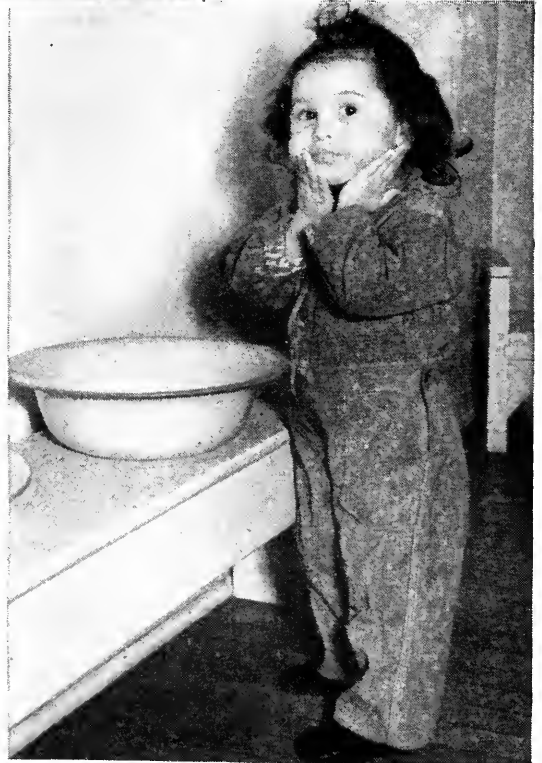
A visit is harder to manage than moving, as it is necessary to conform to the conditions under which another family lives. Many mothers of young children do not realize how thoroughly upsetting to a child's regime it is to have to adapt to a new place, new faces,

new ways of doing things. Even with the greatest good will on the part of the hostess, the child's mother is likely to find well-established habits being broken up. Visiting and travel are especially hard on sleep habits, and this fact should be thoughtfully weighed when a trip or a visit is being considered.

Even though the mother has good control over the situation as far as convenience of arrangements, hours, and so on are concerned, young children are likely to be so overstimulated and excited by changed conditions and new people that they will not sleep as usual even though they have a chance. Young children need a stable, calm environment, and trips and visits which seriously upset important habits should be as infrequent as possible.

On account of a too strict routine.

A routine too strictly followed can cause trouble by making a child completely dependent on a certain set of conditions. For this reason it is not a good idea always to put a child to sleep in the same bed, to have him take the same toy to bed with him right along, or to let him become attached to one blanket. Although overdependent behavior is more likely to appear in children in whose lives there are lacks or insecurities, other children, too, from force of long-continued habit, may find it hard to adjust when conditions make changes necessary.



The urge to do for oneself starts early, and it is encouraged by making self-help easy.

Learning To Keep Clean

YOUNG children love to play in water. This makes the first step in their learning to keep clean a pleasant one. Before he is 2, a child can wash his own hands if the basin is placed on a low bench or if a box or step is provided by means of which he may reach the washbowl comfortably.

While a child is learning to wash, he should be allowed time enough so that he won't have to be hustled on to the next thing—a meal or bed or dressing; and if we want to keep his attitude toward getting clean pleasant, we won't talk about what a poor job he has done.

Many 3- and 4-year-olds love to try to comb their own hair, brush their teeth, and wash their own faces. If a low-hung mirror is provided, they can see how successful their efforts are.

By the time a child is 4 or 5, he can often bathe himself fairly well, with a little help about back, neck, and ears.

At these ages children enjoy cleaning up the bowl and tub, and so may be taught to leave them clean, although, of course, they won't do a perfect job. The idea back of such training is, of course, that what is done with pleasure will more readily become a habit, and that a routine of toilet behavior will become almost second nature by everyday repetition.

If a child is trained to have bowel movements at certain times of day, to bathe and to brush his teeth regularly, we may expect him to have such habits pretty well established by the time he goes to school. Everything that he learns to do for himself will add to his belief in his own ability and will increase his self-reliance when he later comes to do such things as going on the

streetcar alone or making purchases at a store.

DAWDLING

In connection with washing, as with dressing and eating, dawdling is sure to come up sooner or later. This problem arises largely because of children's inability to measure the passage of time. A 4-year-old who likes very much to go to nursery school may be maddeningly slow about getting dressed to go. A child, though really hungry, may become so fascinated by watching the bursting of the soap bubbles in the washbowl that he keeps on stirring up more suds instead of finishing his hand washing and going to the table.

Young children, it must be remembered, do what is interesting to them at the moment; they are easily distracted from the prosaic, though important, "bird in the hand" by the more inviting "bird in the bush." Because a child can see in one room many birds in many bushes, his mother needs much patience and humor when dealing with his heedlessness of time.

Reminders will help a good deal, but only if they don't turn into scolding and nagging. Posts are little deader than a child whose mother has defeated her purpose by too many words. Pointing out the next step ("Time to rinse your hands now"), concentrating on something interesting to come ("Guess which we're going to have for lunch, a green or a yellow vegetable") will sometimes jog a child along.

Even after a child can do things for himself, a little unobtrusive help now and then will tend to cut down irritating slowness.

Learning To Dress

WHO PUTS on your snow suit for you at home?" asked one nursery-school child of another, as he struggled to find his sleeve.

"My grandmother," responded the other boy, frowning with concentration over the adjustment of a zipper. "Who is it at your house, your mother?"

"Sure," returned the first.

Such a conversation shows the attitude children often have toward their parents' care. These boys accepted, or even demanded, at home help that they got along without very well at school. Because learning to dress is one of the ways in which children can very early learn self-dependence, parents would do well to try to avoid doing too many things for a child.

A baby of a year can take part in dressing only to the extent of holding out his arm or leg when his mother is putting a garment on him. At 15 months he may pull off his shoes and by 18 months is often taking off his socks or slipping out of his overalls.

By the time a child is 2 he is usually interested in helping to put on clothes as well as to take them off. He doesn't do it very well, but his interest suggests the importance of having his clothing very simple, so that his efforts will be successful. If the trousers of his suit are laid out in front of him, and if they are clearly marked in some way so that he can tell back from front, there is some chance he will get them on right-side-to.

For the next months it will be very worth while to make it easy for the child to help himself. While the child

is learning to dress himself, lay out the clothes in a certain order and help by saying, "Shirt first, now the socks," so that the child will begin to learn the right order. Brief, clear suggestions, quietly given, using the same simple words every day will bring better results than hurried or difficult directions; every time a child successfully accomplishes a thing, the habit you are trying to help him learn will be strengthened.

Little girls are often somewhat more interested in and quicker at learning to dress than boys; this may be due to their slightly more advanced development. A girl twin will often be amusing in her eagerness to help her brother, for example.

A 3-year-old can usually do a good part of his dressing, although he still sometimes gets pants or sweater on hind-side-to and makes a hit-or-miss job of lacing his shoes. He will probably be doing so well about dressing when he is 4 that he needs help only with buttons that are in the back and with his shoelaces. Ordinarily, he will be unable to tie the laces in a bow until he is 5 or 6.

As the child develops control of his muscles, it is important, then, to provide clothes that promote self-help. A little girl can get into a dress with loose raglan sleeves easily, but she finds one with fitted armholes more difficult. If a little boy's suits are of the knitted type, with an elastic waist band in the pants and a jumper top on which a pocket shows which is the front, he can deal with dressing with much less irritation than if he has a suit with

pants that button onto the blouse all the way around.

Buttons should be large enough to be handled easily by fingers not yet able to manage tiny buttons and holes. Zippers are well liked, provided they are put in so that they don't catch the edges of material. Snap fasteners are hard for young children to deal with; so are hooks and eyes and crocheted buttons with loops.

The more things that fasten in front the better; little girls' dresses can just as well be made with an opening down the front—something to watch for when buying dresses.

It is easier for a little boy to go to the toilet alone if he has pants that can be slipped down or that are wide enough in the legs so that he can push the pant leg aside when he urinates. Underwear for little girls should have broad elastic in the sides of the waist band. Narrow elastic constricts the child's abdomen if the band is tight enough to stay up.

Outdoor garments are harder for a child to manage than his indoor clothing, as they are bulkier and heavier. A one-piece garment has fewer places for wind or snow to enter, but a child can use the toilet more easily when wearing a two-piece garment.

Galoshes and rubbers should be bought large enough so that they slip on easily, but even so, some help with them may be needed even by the 4- or 5-year-old.

Though the 4-year-old can manage his dressing pretty well, it still helps to have his clothes laid out in an orderly way. He will almost certainly do better in a room by himself than with another child to distract him and talk to him. If he dresses in the same room with his father or mother, he may sometimes enjoy "racing" to see who can finish first.

Once the child has learned how to dress himself, you might think it would not be necessary to urge him to. But to the 4-, 5-, and 6-year-old dressing is no longer an exciting novelty that he is proud to be able to do; it is "old stuff." At 6 especially children often are somewhat bored with getting their clothes on, and they often tend to dawdle. They have not yet come to accept the dressing business as a necessary evil, the sooner out of the way the better.

When a child is old enough to go to school, his eagerness to get there may mean that he speeds up his dressing. But this may not last long. A certain amount of pokiness must be expected as a child becomes more interested in a great many other things than he is in putting on his clothes by himself. Nagging and hurrying him will make things worse rather than better. Although it is a great temptation to talk to a child in an effort to hurry him up, he soon becomes deaf to his mother's urging. Removing all possible distractions, pointing out to him on a clock in his room just how far the minute-hand has to go before it will be time for him to be dressed, thinking up new little incentives that will make him feel important ("It will be your turn to pour the orange juice this morning;" "If you are quick you'll have time to shovel a path to the garbage can for me;" "Will you bring in the newspaper for father as soon as you are dressed?") are some of the things it will pay to keep in mind.

Perhaps it seems unnecessary to lay so much stress on encouraging a child to dress himself without help. But when we see children of 9 or 10, or even older, who are still dependent on their mothers to help them with their dressing, find their mittens, and turn their coat sleeves right side out when they are

wildly trying to get ready for school, we feel pretty strongly that much more careful planning could go into the business of training children to be self-reliant.

The following suggestions should be helpful in this respect:

1. Make use of the baby's and young child's first interest in putting on his own clothes.

2. Praise the child's accomplishments when they show effort on his part, even if what he does seems very trivial from a grown-up's point of view.

3. Allow plenty of time for a child to get into his clothes when he is at the stage of wanting to do it "all by 'self." If he tires toward the end of a job, make your help as unobtrusive as possible ("Now when mother fastens your coat, you'll be all ready to go out," or "I'll put on one shoe, you put on one shoe"). If the parent doesn't suddenly or impatiently take over the job, the child is likely to look upon her help as cooperation rather than interference.

4. Arrange clothing so that the child will get a feeling of order: "First your sweater; now your leggings; next is your cap; now, the mittens."

5. Let the routine be the same every day, so that the child will see the reason for dressing; that is, don't allow dressing *after* breakfast one morning and insist that the child be dressed *before* eating the next. Children accept things that fall into a routine and are confused by irregularity.

6. As soon as a child is old enough, let him get out and put away his own clothing. This means having drawers and hooks low enough for him to reach, a place for him to put soiled clothing, and a chair or rack upon which he may hang his clothes at night.

7. When a child starts to school, teach him to get ready at night the things he will need in the morning. If such things as cap and mittens, a clean shirt or dress, and so on, are laid out at bedtime, there will be far less confusion in the busy morning hours.

8. If a child must be ready for breakfast at a certain hour, call him early enough so that he has plenty of time to dress. Remember that each step takes longer for him than it would for you. Also, keep in mind that each child differs in his rate of speed.



Learning Emotional Control

ONE of the things that complicates our bringing up of children is that they have *feelings*. How simple it would be if they reacted automatically; if the first time we said, "Let Tom ride your tricycle now," Jimmy would promptly see the reasonableness of this request. But no, he has a strong feeling of wanting to keep on riding himself. If we insist, he may resist strenuously and show anger at our interference. Again, perhaps, when we are out for a walk, a big dog playfully jumps up at him, and though we tell him the dog wants to play and won't hurt him, he screams with *fear*. We find that our reassurances do no good at all; the fear crowds out for the moment any reasoning ability he may have.

But when it comes to affection and love, then we are glad a child has feelings. If he could not feel emotion, we could expect no warm greetings from a child, his arms thrown around our neck, his happy shouts in our ears.

Properly guided, emotions have a useful part to play. But because havoc results when they are out of control, it is gravely important for parents to protect their children's future happiness by helping them form good emotional habits. Given a background of good training, children have a remarkable capacity for making adjustments.

Unless we understand how a child's emotional make-up is stimulated by the things that happen to him, we shall not make very much headway with his training. If a baby slips in his bath and swallows water, he may be afraid for a long time of being put into the tub. If a child gets his own way by an emotional scene, he may resort to this behavior over and over again. We cannot separate what we want to teach a child from his *feelings* about what we want him to learn. Whether it is eating or dressing or sleeping or playing, we have to remember that it is not *our* interest in the habit that is going to be effective, but the *child's* reaction. The way we go about training will be all-important.

Children are not born with specific fears and loves and hates. As they grow, however, they do have unpleasant experiences that cause fear, and they do begin to have such pleasant experiences with people that feelings of love develop.

Emotion is useful, for it is associated with changes in the body that give us the additional energy needed to meet difficulties. Because we feel emotion when we are stirred by facing a problem, we find in ourselves the extra power we must have to cope with it. A child can run faster, for example, if he

is a little bit afraid, can hit harder if he is angry.

But when emotion becomes so strong as to prevent action—when the child is “paralyzed” by fright, or so angry he “can’t see straight”—it is an enemy. If a child is so upset by seeing a car come straight at him that he cannot think what to do, he is in great danger. Because of their lack of experience in handling upsetting situations, we must protect children as much as we can from coming up against things that floor them. If their problems are not too big to solve successfully a good share of the time, they stand a better chance of learning to handle them well and thus of gaining confidence in their ability to meet tougher problems. If we did not, for example, protect little children from many things that might frighten them, they might suffer from many unnecessary and damaging fears.

FEAR

Causes of Children’s Fear

What are the kinds of fear situations that little children most often encounter and that, improperly handled, may lead to habitual helplessness in the face of danger?

Sudden, violent change.

Any startling sudden occurrence—a loud noise, a fall, an unexpected movement—is likely to produce the body reaction that we term fear. A siren, clanging fire bells, the whirl of a vacuum cleaner are all startling things to a child ignorant of what they mean.

Fear of dogs, common in young children, results from a dog’s loud barking and sudden jumps and bounds; it is not caused by any inborn fear of dogs. Watching someone feed a dog, saving bones for it, listening to amusing stories about dogs are some of the possible ways of breaking down the fear, once it

has come about. Bringing into the family a young puppy that the child can play with and see is harmless is often successful in getting rid of his fear.

That children’s fear of dogs dies out pretty much after they have been in school a year or so shows the effect group pressure has. Seeing that other children feel friendly to dogs gradually helps the fearful child to overcome his own fear.

Fear of thunderstorms is another example of a reaction produced by sudden noise, but it may be taken, as well, for an instance of—

Fear caused by adults.

If a child’s mother is afraid of storms, the child will almost always be afraid, too. Though he doesn’t reason it out, his unconscious attitude is, “If this great big person on whom I depend for safety is afraid, there must surely be something to fear.”

Most parents would do a great deal to keep their children from acquiring unserviceable fears. But these same parents are sometimes unwilling to make the effort required to give up their own pet fears. However, as more and more mothers become aware that they are responsible for the absorption of fear by their children, they will undoubtedly take steps to rid themselves of these burdens before they burden the children too. Fear of deep water, of going places alone, of meeting new people; fear of pain, or darkness, even of such minor things as insects, are some of the kinds of fears mothers should cure in themselves. They can be overcome, and saving children from them makes the effort worth while.

First of all, a mother should look her own fear in the face. She will often find that it is absurd and useless, often a hang-over from an unhappy childhood experience. Even if she cannot re-

call its origin, the chances are that thinking about it will show up the fear as nonsense that had better be gotten rid of. A fear of snakes is very common but usually unjustified, especially among people living in parts of the country where there are no poisonous snakes. A fear of lightning, understandable enough in a child, seems rather foolish when one stops to think how few houses or people are ever struck by it. Fear of deep water can be done away with by having some strong, trusted person teach one to swim.

Children are often frightened by what they hear adults talk about. Discussion of dentists and doctors as persons to be avoided, war talk that is gloomy, talk about family troubles, are some of the things that may be disturbing to a child.

Hardest of all to do away with and most damaging to a child's personality is that uneasy fear which comes from vaguely sensing a situation that he does not understand, such as tension or bickering between the two persons who mean most to him. If the adults in a child's life are deeply disturbed, it is almost inevitable that the child will suffer. For the adults to try to hide their insecurity will not be enough. If the adult is continuously disturbed and unhappy, he may expect his child to feel the tension and to react in some way—by fear of being left alone, perhaps, by night terrors, by bed wetting, by thumb sucking, by cruelty to pets, or by bad relations with playmates—any way in which the tension may be released.

Parents are sometimes the cause of a kind of fear that they would be the last to bring about if they were conscious of what they were doing. This is a fear caused by their ambition for their child to shine. It is very hard on a child to be expected to be the "best." This attitude in parents usually does

not reach its height until the child is in school, when they sometimes do a great deal of pushing to make him excel in marks and in athletics and other contests. But even earlier some mothers aspire to have their children the best-dressed or the most healthy or the best-mannered. The 3-year-old in nursery school who, when she was setting the table in the doll-play corner, put a block at each place, which she called "good table manners," was subtly telling tales on her mother's preoccupation with her behavior at table.

Children who feel the pressure of living up to impossibly high standards of cleanliness, of speech, or of other matters that betray their parents' desire to "show off" their youngsters show fear, often not in the obvious ways but by their nervous habits. (See pp. 134-135.)

Closely allied to this is the dangerous practice of talking about "what people will think." Many people have suffered hampering fears all their lives because of early repressions by parents who themselves were overcautious and fearful lest their actions be criticized. Independence of thought should be one of the child's rights, as little interfered with as possible. Confidence in one's own good judgment can grow only in an atmosphere free from overmuch concern about criticism.

Another type of fear caused by parental behavior is fear of punishment. A child who cringes before his parents as a result of harsh or frequent punishment is anything but emotionally healthy. Deception and lying often start as protective measures against pain or humiliation. (See Punishment, p. 73.)

Any situation in which a child feels inadequate is likely to produce fear. Being subjected to the overfriendly advances of a stranger, suddenly coming



Tenderness and sympathy are awakened by having pets to care for.

upon older children in masks on Hallowe'en, being separated from his mother in a crowded store, are the kinds of incidents that cannot be guarded against completely, but these things will have relatively little effect on the child who feels basically secure.

Prevention of Fear

Much can be done to keep children from acquiring fears. Explanations that add to a child's knowledge are helpful, for ignorance is at the back of much fear in children, just as it is in grown-ups. Parents who take pains to tell their child that policemen are friendly and useful are preparing him against the tales he may hear from other children about policemen as threatening and bad. Explaining to children how

harmless thunder is, demonstrating perhaps by letting him see what a loud explosion even one paper bag blown full of air makes when it bursts, may interest him enough to make him listen to the thunderclaps with amusement.

Fear of doctors and nurses, or even of people who remind a child of them because of some similarity in dress or appearance, may be guarded against, even though it is not always possible to have a child's earliest remembered associations with a doctor or nurse pleasant. Taking the edge off a child's uneasiness by letting him help the doctor "work" something—the always fascinating stethoscope, perhaps—or asking the child to do something (like ringing a little bell) as soon as the doctor pricks him, may serve as a helpful distraction.

Many parents nowadays take their child to a dentist as soon as he has all his first teeth or earlier still if the teeth show stains that can easily be removed. This early visit is for the purpose of building up a friendly acquaintance before any work is needed. The first visit can be purely social, or the child might go with his mother when she is having her teeth cleaned. The child whose first visit is made under these conditions, who then has his own teeth cleaned by the funny little brush that his friend, the dentist, perhaps lets him start whirring, is going to feel secure enough so that later, when a cavity may have to be filled, he will be less apprehensive and readier to accept a little discomfort.

Of course, the mother and the dentist, in this case, must not say, "This isn't going to hurt." Few things are more upsetting to a child than to have adults, whom he should be able to trust, deceive him. Fears multiply when a child doesn't know when to believe a person and when not to.

Dealing With Fears

Careful experiments have shown that some treatment does, and some does not, do away with fears. A time-honored but useless method is ignoring a child's fear in the hope that he will outgrow it. Ridiculing fear in a child has just as bad, or even worse, results, for it often drives the fear underground.

Among methods that are good, building up a child's self-confidence holds first place when the fear is one that can be overcome by teaching some habit that actively combats it. Thus, a child who is afraid of physical hard knocks can build up belief in his ability to hold his own by boxing with his father.

If the methods used aim at making what was a feared situation a pleasant one, the results are pretty sure to be

good. Thus, getting acquainted with a jolly policeman may be all that is needed to remove fear of policemen; concentrating on some very pleasant feature of a trip downtown, like buying a new picture book or hair ribbon, may drive away fear of the dentist or doctor to be visited; spending a few happy days in a home where there is a friendly, gentle dog may do more toward helping a child like dogs than hours spent in telling him "the dog won't hurt you."

Of course, everything possible should be done to learn *why* and *how* a fear has come about, because if this is cleared up, sometimes half the battle is over. It does no good to ask a child why he is afraid, for he usually does not know. In many cases it will not be possible to find the cause of the child's attitude, but patient, quiet observation and real thought may reveal it. Sometimes the best a parent can do is to give unobtrusive support and comfort.

When the cause of the fear cannot be discovered, long and painstaking effort may be necessary before the child is free from it.

ANGER

Learning To Control Anger

By the time they are a year old most babies have shown a good deal of spunk, of which their parents have good reason to be proud. They enjoy this evidence that their child is a real personality. One baby will refuse certain foods over and over, no matter how cleverly his mother tries to introduce them into his diet. Another will show remarkable tenacity in his efforts to reach something outside his play pen and will struggle mightily to get it.

We would have cause for alarm if babies were always docile and yielding. (Man would not have got very far by such behavior.) We want them to be

bold and demanding enough to stand up for their rights.

In discouraging children from being too demanding we have to be careful not to squelch their determination, their desire for independence. What we should like to see them achieve would be a nice balance between an aggressive and a submissive attitude. They are most likely to attain this goal of knowing when to push ahead firmly and when to give in if they have great personal security.

A young child tries to get his own way because to him it is the *only* way. We try to help him grow out of this self-centeredness by encouraging him to make strong efforts when what he wants is desirable, and by avoiding as often as we can situations in which we have to say "no."

Anger and resistance are the natural responses to being blocked. Children show this by having temper tantrums when they have to be interrupted to be washed, dressed, or taken to the toilet. They burst out if they are interfered with at play. Hunger and fatigue are other kinds of thwarting situations that produce anger.

At about the age of 2, children show anger more often than they are likely to when they are older. Because a child cannot yet put into words how he feels about something he is expected to do, he may burst into tears or stoutly say "no." If he could express himself, he might say, "But I don't need to go to the toilet yet. I want to finish building my house." His helplessness should make us thoughtful enough to give him a little warning when we must interfere with what he is doing. If we can somehow interest him in the new thing we want him to do, we may avoid a scene. "Is your teddy bear getting sleepy? Let's take him upstairs with us," or "We have a

new cake of soap to wash with tonight. Oh, but it smells good," are examples. A negative reaction to commands at this age is so common that the foresighted mother tries to avoid conflict by giving as few orders as possible and making requests instead. (See also p. 65.)

Since hunger and fatigue are among the commonest causes of anger, we should see to it that the youngster does not have to wait too long for his dinner or his nap. Children whose meals are served regularly and who have plenty of sleep actually have far fewer tantrums than those whose mothers do not follow schedules so carefully.

If there are adults in the family, the mother should try to have each of them use the same methods with the child. It is confusing to a child, for example, to have grandma say he may play with her workbasket, only to have Aunt Bet take it away from him.

Handling the Angry Child

But supposing he *does* get angry? What shall we do?

If he is angry because he is sleepy or hungry, we have to try as matter-of-factly as we can to get him fed and into bed. If we can be calm ourselves it will help. What use is there in being disturbed and annoyed when that will only add to our child's anger and our own trouble?

If he is angry because a toy thwarts him—a wheel won't go over a board, a paper tears when he tries to fold it—we can give a little help and try to plan so that he won't have difficulty like that often. If we choose play materials wisely, according to his ability, there should not be too many times when he comes up against something too tough for him.

If anger is frequent in connection with daily routines, a good scrutiny of

the schedule is in order. It may be possible to let the child make more decisions, especially as he becomes able to talk freely. To be asked, "Shall I give you your bath now or just before you have supper?" gives a child a sense of power. It sets him up to have some "say" in his own affairs, and there are certainly times when giving a choice is just as convenient for the mother.

Suppose the anger comes about, as it often does, because a child has found he can get attention in that way. Better to call down wrath upon your head than not be noticed at all, the child seems to argue, though, of course, he does not consciously reason it out. Ignoring such tantrums and giving more attention of a desirable sort—reading to him, talking with him, spending more thought on constructive things for him to do—is the answer in probably nine cases out of ten.

The mother who says she cannot ignore a screaming, kicking youngster usually means she has not found out how to use ignoring as a constructive method. Leaving him and going about her business may work better than she thinks it will. The minute he hasn't an audience his pleasure in the performance begins to die down. Naturally, if she herself is so angered by his temper that her attitude in ignoring him is hateful, ignoring will only cause him to feel more hostile. But if she can treat his anger as not too serious a matter, if she is prepared for it just as she is prepared for other primitive ways of acting in early childhood, like eating with fingers, it will be more likely to subside.

Of course, if a mother begins by ignoring an attention-getting piece of play-acting, if she then becomes irritated and switches to pleading, to scolding, and finally to spanking, she is defeated by her own jumble of tech-

niques. The child in such an instance senses his mother's feeling of helplessness. As *he* is the one who is usually helpless and in her power, he now feels he has won out.

Keeping a child by himself is sometimes useful when he is angry and wants to see if he can make an adult give in. Told he can play by himself until he is ready to be more agreeable to the wishes of others, children or adults, he often comes to his senses very quickly. A child should not be kept apart long, however, and should never be confined in a way that will make him fearful, as in a closet.

Many a mother, trying to explain something to an angry child, has discovered that he might as well be deaf for all the good her talking does. It is a very good idea to try to explain things to children, but it is useless to try to reason with an angry child. The fewer words the better, until he has cooled down.

It has already been pointed out that a child between the ages of 18 months and 3 years tends to say "no" to every suggestion. If he is not constantly being given directions and commands, he has less chance to build up this habit of balkiness.

If parents could only train themselves not to be shocked when their young children express their anger by saying "I hate you!" or by calling them names, they would improve their relations with their children. The average father and mother have forgotten the feelings of resentment they had in early life toward their own parents who, in the process of trying to help them become acceptable members of the family and of society, placed many curbs upon them and inevitably aroused antagonism. A child drains off his resentment if he is allowed to express it. He has no hesitancy in coming

right out with his feelings among playmates, but he is not supposed to injure the dignity of his parents by expressing his feelings toward them when he is thwarted. If he is made to feel guilty over these natural reactions, if he has to suppress them or be punished, his feelings may be in a turmoil. But if his parents can say to his expressions of hate, "Of course you feel that way. I used to, too, when someone made me do something," he doesn't store up guilt over his conflicting feelings about his mother and father. We might as well admit that it is perfectly possible to feel hate and love at the same time.

Parents are sometimes afraid a young child who is allowed to talk back when he is angry will form the habit of do-

ing this. Actually, being allowed while very young to let off steam this way, without reproach, may prevent the forming of worse habits of sulkiness and obstinacy. A child very soon learns (if his parents set an example of courteous behavior) that people do not continue to act in this childish way. He is usually eager for his companions to like him, and they exert a great influence upon his learning to control his anger outbursts and to limit them to appropriate occasions. Furthermore, parents who try to react tolerantly to such natural expressions of a child's feelings will find themselves bringing about fewer situations in which such feelings are aroused.

Learning Affection and Love

THE BABY'S first smile is very heart-warming, for it signifies his beginning response to the love that his parents feel for him. Very early he comes to have a special feeling for those who care for him, and by the end of the first year he sometimes has names by which he refers to his parents.

His need for affection has developed in proportion to his awakening to the world around him. As a little baby, he needed only brief periods of being held and talked to affectionately and sung to. Now that he is not asleep so much of the time and is so much more aware of other people, his demands for the demonstration of affection are greater. He needs conversation and appreciative comments on his efforts. He needs to be hugged and danced with and rough-housed by his father.

Some young children show jealousy when their parents act loving toward each other; they can't bear having anyone come between (or seem to come between) them and the persons they depend on. Parents who tease a child by displays of affection for each other, calculated to make him angry, do so in ignorance of the little child's great need of feeling absolute security about his parents' love of him.

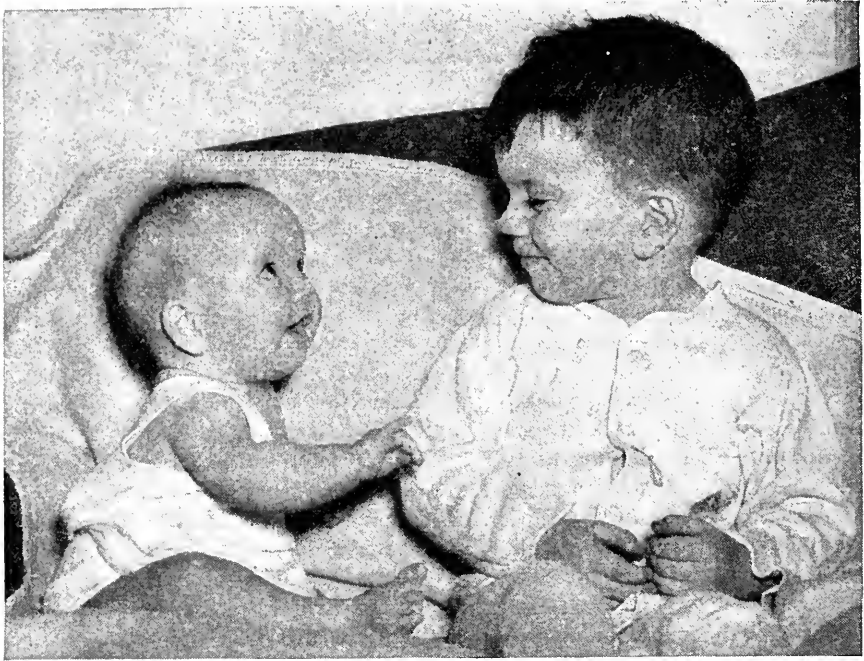
It is quite understandable—more natural than not, really—that children should show jealousy of any affection their parents display toward other children. It is more often the mother whose attentions to another child are resented—another indication of how close the relationship is between mother and child.

Not all children show jealousy, but it is hard for a child who has had his

mother to himself to have to share her with a new baby. Most parents nowadays appreciate the importance of taking special pains to make the older child feel very sure that they still love him after the birth of another child. With the excitement and extra work, it is very easy to neglect giving the "old" baby quite the usual amount of time and attention, unless special thought is put on it. Here is an opportunity for the child's father to step in and form a very satisfying relationship. A nightly game of ball will be looked forward to all day. Helping father while he washes the car or puts up the screens will be considered a big privilege, and the "help" won't be so annoying to the adult if he realizes how important it is now for the youngster to feel wanted and needed. When visitors make admiring comments about the new baby, it may be necessary for the parents to draw the older child into the limelight, too.

Preparing a child for the coming of the new baby is not enough. Plenty of children have happily anticipated the arrival of a brother or sister only to feel disgruntled when the baby proves to be no good as a playmate and requires so much of their mother's time. The mother who wants to prevent jealousy will do well to set aside some time each day that is the child's very own. When, the baby is asleep, she can read to the older one or sit with her sewing beside his sand box while he chatters away at her. Assigning special little tasks to him, such as bringing diapers, encourages him to feel that this is "his" baby and that his help is appreciated.

That girls seem slightly more likely



The child who is secure in his parents' love doesn't fear the rivalry of a baby sister.

than boys to exhibit jealousy may be in part related to the fact that girls tend to be more closely associated with the mother and her activities. Though girls' interests are broader today than they used to be, boys still are expected, and allowed, to have somewhat wider and more active interests.

That oldest children tend to show jealousy more frequently than later-born ones suggests that the hardest adjustment to make is that required of the first child when he is asked to share the pedestal he occupied alone before.

A child who is made to feel secure in his parents' love is not going to suffer very seriously from jealousy. But parents should realize that even though a child may not show any recognizable signs of jealousy, other behavior that seems unrelated may occur when he feels deprived of love and attention.

Thus, he may try to attract his mother's notice by failing to eat or by wetting his pants.

Jealousy may arise later on from fancied or real favoritism shown one child. A father who, irritated by having a delicately built, small-boned son, thrusts him aside and makes much of a daughter who lives up to his idea of how sturdy and stocky a child should be, may find his son later harboring considerable feeling that he is unacceptable.

Parents who are concerned over the quarreling that goes on among their children should remember that to a considerable extent such spats are one of the ways in which children learn social techniques. Young children are not endowed with any special "love" of their brothers and sisters but develop it as their experiences with them are enjoyable and meaningful.



Growth of the Child's Personality

WHAT we are as grown people—the way we walk, the way we laugh and how much, the people we enjoy, how we feel about tackling new things or going to new places—all these things have their roots away back in childhood. The combination, for example, of a father who is solely devoted to his business and a mother who, suffering from a sense of neglect, pours out on her children the affection that would otherwise go to her husband, will have its effects on the children.

Some parents, to satisfy their own vanity, or because they have always felt unsatisfied, expect such perfection of a child that he becomes afraid to tackle new situations. Little happenings—a glass overturned at a party, lines of a piece forgotten at a school entertainment—may so humiliate a child because he has disappointed his parents that he carries with him into later years a feeling of uneasiness in a social group.

Because early childhood is such an impressionable period, parents should keep in mind the need for being cool and objective about many things that they otherwise might take too personally and get excited about, such as the

degree of a child's intelligence or their inability to provide all the advantages with which they would like to surround their children.

Human life is lived in such a maze of unpredictable circumstances and events that it is impossible not to have problems of all sorts forever cropping up in family life. (Imagine what robots we would turn into if we didn't have problems to face, if everything were cut and dried, and if we had no difficulties to hurdle!) Because the 24-hours-a-day, 365-days-a-year close relations of family life force upon people greater intimacy than any other kind of human association, the job of creating a satisfying home is one that challenges every parent who puts his mind to the matter.

Upon how we parents meet the innumerable little unexpected ups and downs depends to a great extent the emerging personality of the child. But we mustn't take our responsibility too seriously. The conscientious parent who is reading this booklet will probably be much more apt to be weighed down by problems than to take them too lightly.

There is a sensible middle ground. Take the problem of bed wetting. If parents could realize that this only rarely continues into adult life (unlike bad grammar or boorish table manners acquired in childhood) there would actually be fewer children who are "problems" in this respect. When bed wetting hangs on past the time when children are usually reliable about keeping dry, it is oftener than not tied up with the parents' overanxiety or irritation about it. The parents' desire for the child to keep dry and their fears that he will not, hang so thick in the atmosphere that the child can feel them. He can't get out of the fog of apprehension. He is afraid he will let his mother down by wetting the bed and he *does* wet the bed.

The more his parents harangue about his keeping dry, the more tense the child feels. Once he is asleep and no longer has conscious control of his bladder, the "baby" behavior his parents deplore will be a natural outcome of his fear.

If, on the other hand, the parents take it in their stride that this child is, for some reason or other, a little slower than many children about attaining this particular control and stop worrying and becoming angry about it, the child, feeling his parents' acceptance of him without reproach, will gain confidence in his powers of control.

The results of parents' chance words, woven into a child's feelings so subtly in early childhood that he has no notion later as to how he came to feel that way, are often not realized. A child who from babyhood is large for his age, hearing himself often referred to as "so big," comes to have a feeling that there is something abnormal about him. A little girl, knowing that she bears her father's name adapted into a girl's name—Georgiana, Pauline, Fred-

ericka—and hearing her parents laughingly tell people that they expected her to be a boy, may carry with her the fear that she is unwanted and looked upon as only second best.

It has been shown experimentally that a child who feels unequal to other children in many situations will, if he has some special skill that the others do not possess, show marked self-confidence in his association with them when he has a chance to use that skill. Such a child will even make greater efforts in other directions, once he has gained a little prestige.

This suggests how invaluable to a child early home training can be in giving him a sense of self-assurance and belief in his own ability. Thus, to laugh at a 3-year-old who tries something that is hard, to show him that we *expect* him not to be able to do it, may cause damage that is much more far-reaching than we can possibly know.

All children must have many failures, must suffer disappointments again and again. What parents can do is to see to it that the successes, the good accomplishments, overbalance the ones about which a child feels cast down.

A child who gives up too easily may be helped by having his experiences carefully graded to his ability. Thus, if a child shows frustration over certain of his toys or games—if he cannot fit some intricate parts together, for example—it is up to the parent to put away those toys or games until a little later, substituting something simpler. Or if he hasn't the necessary bodily coordination to take part in certain kinds of play, the mother might suggest activities that involve the use of simpler skills—running instead of skipping, for instance.

Because there is a strong possibility that early acquisition of good bodily control may predispose a child to later

feelings of self-confidence, it is a good idea for parents to give a young child opportunities for great freedom to build up bodily skills. In this way he begins to feel sure of himself, and this feeling of sureness carries over into his relations with people and with things. A father who swings his baby up in the air and puts him through little feats of bodily agility, playing with him in such a way as to encourage freedom from bodily fear and to help him be quick and strong, may be doing a lot more than just having fun with his youngster.

Leaving such things to chance may work out like this. A child whose play has gone undirected may not enjoy rough-and-tumble physical combat when he first runs up against it at school. He doesn't know how to defend himself. First excused on the basis of "he doesn't like rough play," he may fall back more and more on play that doesn't involve physical skirmishes. His own estimate of himself suffers because he has a sneaking notion that he *should* be doing other things.

One very good reason why parents should set their children a good example in manners and in how to do the easy and gracious thing is that the children then become so skilled that they have no feelings of awkwardness in many kinds of situations that might cause other children to be ill at ease. This is not to say, of course, that little children should be drilled in formal

and conventional behavior that is beyond them, but, rather, that home living which reflects courtesy and consideration will build up many little habits that will leave its members free from vexing questions as to what to do and how to do it.

The effect on a child's personality of his own personal appearance must not be forgotten. A child who is so attractive physically that he is always smiled upon, unconsciously comes to think of himself as acceptable. As early as the age of 4 a child has been known to be shrinkingly conscious of a rather minor physical defect. What a piling up of self-confidence or the opposite inevitably occurs when a child either hears himself spoken of favorably or sees disparaging or pitying glances cast at him! The effect is equally great when one child in a family differs markedly from the others in appearance or traits. In general, parents are not so careful as they might be to see that *each* child gets recognition for *some* behavior, skill, or trait that might contribute to his sense of well-being. Many parents groundlessly hesitate to praise or admire their children for fear they will make them conceited. Children need to feel that their parents are always standing by, ready to appreciate them and enjoy them. They need the reassurance of actually being told, now and then, that they are wonderful children.

Helps to Good Behavior

ASIDE from happiness in the child's home, which acts as insurance against trouble, regularity in his routine is probably the greatest single help toward building good habits. A child who has regular hours for sleep and meals and who has a good place to carry on his play, as well as companions and materials to make it enjoyable, should not have serious behavior problems.

However, here are a few things it will be helpful to remember in trying to prevent problems from arising.

1. Children who are happily busy have no inclination to be "naughty." Providing a variety of things to do is important, for young children tire of one activity more quickly than most of us realize. If active, romping play is followed by quiet play, a child does not get so tired, either. Children are less likely to quarrel if they do not play at one thing for too long a period, so a mother needs to be skillful in substituting a new activity before the quarreling point is reached.

2. Understanding by parents of what may be expected of children at various ages is a great help in bringing about desirable behavior. A mother who knows that at 2 years a child is passing through a stage when resistance to direction is more likely to appear than earlier or later will use this knowledge and exert her authority as unobtrusively as possible. Much of the negativism and resistance noticeable at this age can be traced to the fact that parents tend to say "no, no" too much, thus encouraging the child to exactly the same

response. If a mother realizes that at this stage of development exploring, experimenting, "getting into things," are the child's ways of learning, she will try to make his surroundings such that he does not have to meet with constant warnings and scoldings. A child desires approval. If he is forever getting disapproval, his natural reaction is balkiness and negativistic behavior.

3. Expecting good behavior often brings it about, because a child is keenly sensitive to suggestion.

4. Requests or suggestions bring better results than orders or commands. If adults stop to think about it, they will realize that they feel that way, too.

Explanations and clear directions that don't use too many words bring good results. Children respond much better to positive than to negative suggestions. "Use the crayons gently" is better than "Don't break the crayons."

THINGS TO BE AVOIDED

Attempts to make the child behave by *threats* should be taboo. Because this method seems to bring results momentarily, parents fall back on it without realizing how dangerous it can be. If, for instance, they say, "You'll get sick if you eat that candy, and I'll have to call the doctor," it is no wonder the child refuses to open his mouth when he is being examined by this doctor, who has been pictured as a sort of bogieman. On the bus or streetcar one often hears a well-meaning mother sternly say to her mischievous child, "They'll put you in jail if you do that!"

While a child who is always having such threats thrown at him learns to dodge them, he nevertheless gets an uneasy feeling that "they"—a sort of terrible, frowning "they"—are waiting to pounce on him.

A parent who can get his child to behave acceptably only by making him afraid of the consequences of his acts has got the cart before the horse. Fear of punishment may keep a child from wrongdoing for the moment, but later the fear may be connected in his mind only with getting *caught* doing wrong.

If training is thought of as a way of helping a child learn how to make good decisions for himself, his parents will depend less on punishing him for his mistakes than on praising him for the good things he does. Parents of delinquent adolescents are sometimes genuinely bewildered by the things their children have done. "It isn't because he wasn't punished that he has turned out this way," they say, not seeing that perhaps it was in part the punishment that caused the trouble. Punishing a child for his faults (which may make him sullen and obstinate) is less effective than encouraging some good behavior as a substitute for the bad. Suppose a 4-year-old persists in pulling the cat's tail. Spanking or scolding him for it will only center his mind on it (as something desirable because it is forbidden). Finding a more worthwhile occupation (though it takes more of his mother's time right then than a spanking) distracts his attention in a constructive way.

Impressing his "badness" on a child is a very poor form of discipline, for if he has done wrong, he especially needs the encouragement of his parents' belief in him. He needs to feel sure that they believe he is *not* bad but has made a mistake. Unless we succeed in helping a child to *want* to do the right thing, we had better change

our methods of dealing with his behavior.

PUNISHMENT

The mother who does not excitedly punish a child on impulse but tries to think about his problem and make a plan that is reasonable will be rewarded by her child's appreciation of her fairness.

Punishment is worthless or sometimes even harmful unless it does more than just stop poor behavior. It should cause a child to be thoughtful about what he has done, but it often causes him to be resentful instead.

When the consequences of a child's act can be used as punishment, the reasonableness of these results is brought home to him. If, through carelessness, he breaks a toy, doing without it and not having it replaced immediately helps him to be more careful with toys. If he hits another child, going without companionship for a while teaches him what he has forfeited by his behavior. If he insists on running out in the wet without rubbers, having to stay indoors until his shoes dry will make more of an impression than a spanking.

When a child insists on doing things that are dangerous, such as climbing where he has been forbidden to go, swift, immediate punishment that makes him realize his parents feel strongly about his behavior may be not only necessary but also desirable.

Even when loving parents get angry and punish impulsively on occasion, they should not feel too guilty. If there is real affection between parent and child, the love that the child knows is there makes up for the angry outbursts, if they are not too frequent. It is when parents have no strong underlying relationship with their children that hasty, poor forms of punishment may become habitual, with harm to their children's personalities.



The 5-year-old wants to express his own ideas. He is creative in comparison with the 2-year-old, who loves to imitate mother's activities.

Play

THERE are few pleasanter sights than a happy child at play. To watch children playing is to see the fulfillment of a very clever plan of nature's to help along the unfolding of their powers. Play is a great builder. It builds bodies by putting muscles to work. It builds minds, for a child at play is inventive and alert and is solving problems. It builds social awareness, for in play a child must take other children into consideration. It builds health, because active play means being out of doors, exposed to sunshine and air.

In addition to all this, play allows a child to give expression more or less harmlessly to deep feelings and consequently it is a help in his adjustment. It is one of the ways, too, in which a child becomes accustomed to and gets practice in life situations.

Every mother can learn a great deal about play if she will watch her child and not interfere with him. By the time he is a year old he bangs with his toys to make a noise and piles blocks one on the other. He fills his pails with sand and empties them again; he points out figures in his picture books.

Gradually, as the child grows older, he becomes more skillful in his movements; he can pile his blocks higher and even try to catch a ball. Things that he could not do a few months before are becoming easy. He wants toys with which he can do something. He learns to walk and with this new accomplishment he starts the pulling and pushing kinds of play. He drags along the floor a toy dog or a box tied to a string and shoves a chair across the room.

Play is so natural a part of childhood that we sometimes take it too much for

granted and don't make full use of it. We say a child is "just playing," and don't hesitate to interrupt him. Thus we risk hindering his growing power of concentration. Sometimes we buy toys hit-or-miss, and so the child doesn't get the self-education that would be possible if we chose play materials that would stimulate his efforts.

This is not because parents aren't interested in doing the right thing but because they don't know how to go about it. Play can be a wonderfully constructive part of a child's life if a place to play, suitable material to play with, and other children are provided. Fortunately, these three important needs can be met by parents who are willing to make a little effort.

An adult cannot judge how valuable a child's play is to him. What his play means to him, what he should or should not play, is outside our scope as parents, for the most part. What may not seem sensible to us may have real meaning for him.

SETTING FOR INDOOR PLAY

Even a 1-year-old needs his own place to play. His own room, or a corner of a room, should be arranged so that he feels he has a spot where grown-ups' things don't intrude. If in his own play space he is able to touch, to handle, to climb to his heart's content, we shall have some right to expect a toddler to keep from touching the bric-a-brac in the living room and from climbing all over the good upholstered furniture. The child who

wrecks adult belongings is likely to be the child who is not allowed to satisfy his natural desire for activity—not one whose play impulses are satisfied by free play in a setting, indoors or out, where he does not have to be constantly cautioned about spoiling or breaking something. The curious and eager 2-year-old, who has a reputation for “getting into everything,” has won this name for himself largely because homes and furnishings have not been planned with children’s needs in mind.

Even though a child has a room of his own, he will not want to play in it all the time. The kitchen, the living room, the bathroom—in fact, anywhere his mother is—will be his play-room, too, on occasion.

There is no need, though, for a child to clutter up the whole house. It is his home, but it is the grown-ups’ home, too, and they don’t enjoy stepping on trains or dolls. Confusion can be avoided to a large degree if children are taught from the beginning to pick up and put away as they go along. The paint box should be in its place before a new kind of play is started. A block-building project should be put where it won’t have to be moved if it is not completed before lunch.

One helpful plan is to have a place in each room where some things can be kept—a shelf over the radiator in the dining room, a table drawer in the living room, perhaps. If the child’s room is on the second floor, more arrangements will be necessary for keeping playthings in the living room or on the sun porch than if his room is downstairs.

Open shelves built into a child’s room are best for keeping toys. Things have their own places. The child can see what he wants at a glance, which he can’t do if toys are tossed into a basket. If his closet is large enough, materials that are in less frequent use can be kept

on low shelves there. Materials like modeling clay—which must be kept moist—costumes, and other things that will be used only occasionally, should be out of the way so that they don’t tempt the child to dabble in one kind of play after another. Too many playthings around at one time distract a child.

The floor is a more important part of the play set-up than would appear at first glance. Because young children lie and sit on the floor a great deal, it is desirable to have it free from drafts. Linoleum is perhaps the most satisfactory floor covering, as it cleans easily and is not too hard. It should be waxed only enough to make it dirt-resistant, not enough to make it slippery. If a rug must be used, a hard-surface one on which toys with wheels may be moved about easily is better than one with deep pile, which catches dirt and is hard to push things about on. Small scatter rugs are to be avoided, as they may cause falls. If a bare wooden floor is used, it should be free from splinters and finished in such a way as to make cleaning simple. One wall of the room may be covered to wainscoting height with a mat to which a child can tack pictures. A slate blackboard fastened to the wall will be used more by 5- and 6-year-olds than by younger children.

OUTDOOR PLAY SPACE

Until a child is walking, a play pen serves very well as outdoor play space. The baby does not need a wider range.

But once he can walk and run, he wants—and needs—space to do it in. A porch with a secure railing—with the steps fenced off—provides a good play space when no yard is available, or when the yard is unsuitable, and makes it easy for the mother to keep watch over her child.

Ideally, though, a child should have

ground to play on. He likes to roll on the grass, to watch ants running in and out of their hills, to pick up pebbles, to make his tricycle go over bumps. He will enjoy his sand box more on the ground than on the porch, too, for he will not have to be constantly told not to spill the sand.

If the child's home is on a busy street, he will need a fence around his play space for a longer time than if he lives in a safer, quieter locality. Few children under the age of 3 can be depended on not to run thoughtlessly into the street when a ball rolls there. It is not that they don't mean to do as they were told about staying in the yard, but the temptations make them forget. They can't understand the dangers.

The peace of mind a fence gives to a child's mother will more than make up for the expense of enclosing part of the yard. If the house is a rented one, a very inexpensive fence of chicken wire can be put up. Often the house wall can serve as one side of the play yard, and the amount of fencing can thus be cut down. If possible, the play space should be located where it will get sun a good share of the time but will also have parts that are shaded. One advantage of a fenced-in play space is that the whole yard need not suffer the effects of hard use. Grass will be worn down and some clutter will be sure to result where young children are playing actively. A tree or two should be included in the space, if possible, for the sake of shade. The sand box should be located where it will be shaded part of the day but where the sun and air can aid in keeping the sand clean.

Directions for making the sand box and other outdoor play equipment will be found in Children's Bureau Publication 238, *Home Play and Play Equipment for the Preschool Child*.

PLAY MATERIALS

Encouraging Bodily Development and Control

Between the ages of 1 and 6 every child goes through an amazing development in ability to use his body. At first he is able to use it only as a whole. When a baby, lying on his back, reaches for the rattle hung at his bedside, his arms and legs wave wildly and his whole body is in motion. But when a 6-year-old reaches out for a toy, only his arm and fingers move. His body is under control.

Becoming able to use only certain groups of muscles and not use certain others is known as the growth of motor control. The child's play will be the main influence on that learning. He must have large playthings at first that call for the use of the large muscles. Only by degrees does he mature enough to make use of the small, fine muscles, such as come into play when he follows a line in cutting with scissors or fits one part of a puzzle into another.

At a year, then, a baby needs things to strengthen and develop his back, leg, and arm muscles. He should have steps and boxes to climb on, big blocks to tug and lift. He likes to pull or push something on wheels, to ride a small three-wheeled car. Things that he can pound or bang do more than merely satisfy his enjoyment of noise.

By the time he is 2 he enjoys sliding down a gently inclined, smooth board, riding in a rocking boat (a safe type of seesaw), fitting boxes together, balancing on a walking board, and climbing a safely anchored ladder.

By 3 he has become much more sure of himself. Apparatus for climbing, swings, and teeter-totters are not too advanced for him. The 4-year-old has acquired such excellent balance that he manages a tricycle with skill. The

joint work of his hand and eye in throwing is so good he can toss bean bags into a hole in a board.

Five- and six-year-olds have reached a stage when they can manage things requiring precise hand and finger movements. They enjoy cutting out things with scissors, drawing with crayons, fitting together pieces of simple puzzles. The large-muscle activities popular with them include such balancing skills as riding on a scooter and using climbing apparatus; some 5- and 6-year-olds have even mastered roller-skating and ice-skating.

The following are some of the things designed to promote motor control and all-around physical development:

For the toddler.

Push and pull toys (such as a bell mounted on wheels).

Small, stoutly built wagon or wheelbarrow.

Nest of blocks; large but not heavy, hollow blocks for lifting and piling.

Balls.

Pounding sets (mallet and peg board).

Steps to climb, an incline to slide down.

Small chair to carry and sit on.

Walking board 1 inch x 10 inches x 10 feet (placed flat on the ground for the youngest, raised on blocks 5 or 6 inches for the older children).

Three-wheeled car.

Wooden blocks that can be hitched together like railroad cars.

For 3- to 6-year-olds.

Large, hollow blocks.

Packing boxes arranged for safe climbing.

Slide (home-made or bought).

Ladder that may be fastened securely to sawhorse, fence, or bars.

Swing, bars, rope ladder.

Velocipede.

Hammer, shovel, saw and workbench.

Dump trucks, trains, airplanes.

Wagon, sled, scooter.

Eyes, Ears, and Fingers Are Eager for Experience

Especially before he talks, a child must get acquainted with things through handling them, listening to them, even tasting them.

Because the 1-year-old child still tries things out by his mouth, it is important that toys for this age be safe. They must not have sharp corners and edges or parts that come loose easily; the paints with which they are finished must be nonpoisonous.

Toys must be strong, so that they can stand up under the banging and thumping they will get before their owner knows how to handle things gently. A child who has only flimsy toys can easily come to be very careless about breaking things.

A child below the age of 2½ needs very few bought toys, for almost everything in his home that he is allowed to use provides exciting new experience. Tin pot lids make a fine clang, the potato masher is an interesting shape, the lids of cold-cream jars screw on and off in a satisfying way. Cothespins can be put into and dumped out of a basket. Spoons are fun to hold and bang with. Clean milk-bottle caps are good for dropping into slots cut in the top of baking powder cans. Pouring water from one container to another in the kitchen sink is a fascinating occupation to the 18-month-old child.

Many "educational" toys made at home serve the same purpose as expensive bought ones. Many-colored pyramids of blocks graduated in size, peg boards, simple puzzles cut with a jigsaw from pictures pasted on composition board, a drum made by lacing pieces of inner tubing over the ends of a large

tin can, are a few of the things even an amateur with tools can make.

Playing musical instruments satisfies young children's desire for rhythmic experience and gives opportunities for learning something about pitch and tonal quality. Blocks to clap together, a triangle, rattles, a xylophone, gong, and drum are simple enough for very little children to use.

Sand is a universal favorite as a medium for sensory experience, almost as popular with older as with younger children. For this reason the sand box should be large enough to accommodate several children. Plenty of utensils are necessary for pouring, molding, digging, and road making.

The following are desirable for this type of play:

Sand box and sand toys.

Kitchen utensils.

Cartons, boxes, spools, and other household waste materials.

Peg boards with large pegs.

Musical instruments, phonograph and records.

Waterproof apron and utensils for water play.

Soft, washable, flexible dolls and cuddly animals.

Materials for Creative Self-Expression

In a way, of course, all a child's play is self-expression, since through it he acts out his ideas and his feelings, whether of joy or fear, aggression or submission.

But there are some kinds of play that give more chance for freedom of expression than others. A child can make a velocipede do only certain kinds of things, but with blocks he is free to use his own imagination and put them together as he wishes. Materials that allow great freedom in the uses to

which they may be put are known as "raw" materials. Clay, paints, paper, crayons, sand, and blocks offer a child rich variety in the way they may be used. He is unhampered by what other people have decided shall be done with them. His own ideas can take shape.

A child who finds it hard to express himself in words may find special satisfaction in using paints. With a big brush and a big expanse of paper he may revel in splashing on the colors. He should be let alone to paint as he wants to, not given anything to copy nor told to "make a house." What he produces will satisfy him, which is all that matters.

An easel is easier to work at than a table and can be made inexpensively. Two sheets of plywood are hinged together at the top and raised on legs held apart by a long hook, with a shelf or box at the lower edge of the plywood to hold the jars of color. Large sheets of newsprint paper, wrapping paper, or the blank side of remnants of wallpaper may be fastened to the easel by spring clothespins.

At first a child may be given only one or two colors, with more added as he begins to understand why—to get good clear colors—each brush must be dipped only in its own jar of paint. Show-card or tempera paints in clear primary colors are suitable, as they are nonpoisonous and also wash out of clothing easily. An apron or smock for the child and newspapers spread on the floor, will make it unnecessary to give constant warnings.

The material for one of the most desirable outlets for self-expression—finger painting—may be made at home. When a child finger paints, he needs no tool but his own hands. With his hands, or if he prefers, his arms or his

elbows, he manipulates the paint on damp, glazed paper. Because he gets great satisfaction from the "feel" of finger paint and because he need not be bothered by the mechanical difficulty of managing a brush or crayon, this form of creative activity is deeply enjoyed by even very young children. Finger paint, made of cornstarch boiled to a paste and colored with vegetable coloring, is inexpensive enough so that no child need be denied it.

Crayons do not offer quite the same opportunity for "letting go" that paints do, but large-sized crayons and big sheets of paper offer a great deal of fun.

Mud is fine play material. Mud puddles to wade in and mud to make pies of are sometimes denied the very child who needs them most—the child of an over-particular mother who insists on his keeping clean all the time.

Clay for modeling is an inexpensive material, though it requires care to keep it moist and usable. It is more enjoyable to use than plasticene, as articles made from plasticene do not keep their shape when handled. Until children are 4 or 5 they are not very successful in molding objects that really look like anything, but to squeeze and roll and pat the clay is in itself pleasure-giving. As with paints, a child should not be given models to copy. As he experiments, he will gradually begin to name the objects he creates. The special privilege of having clay to work with may be saved for rainy days. The preparations necessary for clay modeling make this sort of play unsuitable for everyday enjoyment.

Materials needed for a child's creative self-expression are:

Colored paper for folding and cutting.

Rolls of newsprint paper or wall-paper.

Crayons.

Show-card colors and brushes.

Clay or plasticene.

Scissors with blunt ends.

Blocks of many sizes.

Materials for Imaginative and Dramatic Play

Children delight in acting out in their play the life that they see and hear about. The more imaginative the child, the richer his play life. His parents can do much to encourage such self-expression, which is the basis for later creative activity, by providing means for this type of play.

The first imaginative and dramatic play is imitative. A baby not much over a year old will carry out all the details of a telephone conversation, dialing, chattering nonsense, waiting between remarks as he has seen grown-ups do. Mostly his ideas come to him suddenly and in a fragmentary way, suggested by a sight that reminds him of something else. A rope lying on the floor suddenly becomes a hose and he sprinkles imaginary flowers. Seeing a hat is a signal for him to cram it on his head and say "good-bye."

Play involving imitation of the life of the household becomes very popular. Dolls, with their beds, carriages, clothing, and cleaning equipment, are the basis of such play. Three-, four-, and five-year-olds play doctor and nurse, they bake, iron, have tea parties, and order groceries or sell them. They play train, load trucks, pretend they are animals.

While the 2-year-old needs few "properties" for his imaginative play, the older child wants the trappings to be much more realistic. No longer will flat blocks hooked together serve as a train; the cars must look like railroad cars. The doll who was laid on the floor and covered, head and all,



Children who are creatively absorbed have little time for quarreling.

with a blanket by the 2-year-old is now tucked into a carefully made bed.

Much-used equipment at this stage will be:

Dolls, with beds and other accessories.

Household equipment (dishes, brooms, irons, tubs, and so on).

Trains, trucks, airplanes, boats.

Toy animals to cuddle.

Plastic or compo-board animals for use in playing circus, farm, zoo, and so on.

Blocks, used for construction of towers, garages for cars, fences for cattle, and so on. (See Children's Bureau publication, *Toys in Wartime*.)

OUTDOOR PLAY EQUIPMENT

Some simple, home-made play apparatus is needed in every back yard where little children play. A few smooth boards of different widths, lengths, and

thicknesses, not too heavy for a little child to carry, can be used for building and climbing. Large blocks made like hollow wooden boxes are useful for pushing and climbing. Wooden packing boxes of different sizes, from which the extra nails have been pulled out so that the children can safely climb into the boxes, are material for playing house or store or for other imaginative play. Boxes made of veneer may be used, but they are not so strong as boxes made of solid wood. A piano box or any other large box with windows cut in the sides makes a good playhouse. The playhouse should be simple and easily changed about. Children like to make their own playhouses, and a packing box that is a house today may be a boat tomorrow.

A work table can be used outdoors as well as in the playroom. The work table for children 4 to 6 should be equipped with durable and useful tools,

such as a hammer with a short handle and a broad head; a small vise; a short, wide saw; and short, galvanized nails with large, flat heads (roofing nails). There should be plenty of wood to work with—wood that is soft enough for the small child to saw easily and drive nails into.

A shallow back-yard pool for wading and sailing boats is popular with children, and a lawn shower is helpful in the summer. If the yard is large enough, each child should have space for a little garden of his own and tools for gardening.

Toys that encourage vigorous outdoor play are valuable. A tricycle, a wagon big enough to ride in, a wheelbarrow, and a sled give opportunity for much activity.

Not all back yards are large enough for climbing bars or slides, but such simple equipment as sand box, seesaw, packing boxes, swing, or horizontal bar can be used in small yards or even on a porch.

Outdoor play equipment should be added to as children grow and their needs widen. Parents interested in detailed designs for equipment, with directions for its construction, should send for Children's Bureau Publication 238, *Home Play and Play Equipment for the Preschool Child*.

The use of large play equipment, of tools, and of a wading pool by very young children means that there must always be a watchful adult in the background.

PLAYMATES

A little child needs other children to play with. Adults or older children cannot take the place of companions of the child's own age. A little child needs to play and develop with other children who are in the same stage of learning as himself, who are his equals, as well as with those who are a little

older or a little younger. The parents of an only child especially must bear this in mind. Through group play a little child learns by following the example of others, by having to consider what others want, by finding out that he can set an example which others will follow.

He learns many valuable lessons in adjusting himself to the demands and ideals of his group as he will later have to adjust himself to the demands and ideals of his community. Self-reliance, initiative, and leadership develop through group play.

PLAYING ALONE

It is also worth while for every mother to teach her child to enjoy being alone. The mother who hurries to pick up the baby as soon as she hears him cooing or talking to himself is making trouble for herself. Any child who is used to being left alone will play very happily by himself and amuse himself with a tin pan and a spoon, clothespins, blocks of wood, or other toys with which he can make or do something.

By playing alone without adult interference or help the child learns to make his own choices, his own decisions; he learns to concentrate his attention on what he is doing; he learns some of his first lessons in independence. Do not interfere with the child's play. If he seems to you to be doing something awkwardly, do not try to do it for him. Let him learn by doing it himself. Even if the result is not up to your standards, it may be very good for one of his experience.

PLAYMATE PROBLEMS

Mixed Age Group

It is by no means always possible to find in a neighborhood companions of

just the right age for a child. A young child meets difficulties in playing with children much older or much younger, but the advantages of having playmates usually make up for these.

Play with children much older may cause both physical and mental strain, so that a mother must be on the alert for signs of overdoing or overstimulation. A 3-year-old, for example, may safely join the after-school play of an older group when he is fresh and rested from his nap but can hardly be allowed to tear around with them until supper-time. If he is regularly called in at 4:30 or 5, he will have an opportunity to calm down and get rested before his supper. This is a good time for him to play in a warm bath, where he may relax and enjoy his bath toys while his mother gets his supper ready.

Of course, each case will require individual planning, but, in general, special care should be taken to see that a child does not overdo just because he much enjoys being with older children.

Another reason why he should not be constantly in the company of older children is that he has little chance to assert himself but must always follow others' ideas of how and what to play. Then, when he goes to school, he will have had no practice in leadership.

For a child to have only younger children to play with tends toward an opposite result. He finds dominating them so simple that when he does begin to associate with children of his own age, he will probably try the same tactics but find them unsuccessful.

One of the hardest features of having a child dependent upon the companionship of older children is that he will be tempted to follow them off farther than he can safely go. To offset this, play at home must be made especially attractive. Equipment that older children can use, such as climbing appara-

tus, horizontal bars, a swing, and similar things will make your yard a center of activity.

The extra bother of having children gather in your yard is more than offset by having your child where you can keep an eye on him. This does not mean running out constantly to interfere, for it is good for children to settle their own difficulties, except when age differences make some explanations necessary. But having children near at hand means that you will be able to know what kind of play goes on and may help to make it worth while. You can more safely allow your child to play with another about whose habits you are doubtful if they are within hearing. You can set standards, too, for play in your yard that will encourage good language and good behavior. Inviting new children in a neighborhood into your house and yard to play is a useful way of learning something about *how* they play.

If quarrels arise that make it necessary for an adult to step in, it is often better not to settle the matter in favor of any one child, because it is hard for someone who may not have seen the whole thing to decide fairly. It may be better to put away the wagon or other cause of the difficulty, temporarily, so that no child has a chance to gain by the quarrel. It is as bad for a child to be oversheltered as to be underprotected.

In a neighborhood in which there are children of several ages, it is sometimes necessary to teach a child how to cross the street safely at an earlier age than would otherwise be desirable. The risk of his heedlessly following other children is great enough so that he should learn how to take care of himself. Unless traffic is heavy, you will feel safer about him if you have prepared him by practice to know when



Friendliness toward the "new child" in your neighborhood will be rewarded by your child's happiness in companionship.

to cross than if you depend upon his remembering not to dart after other children. Every time you take him out for a walk, it is a good idea to let *him* be the one to decide when it is a good time to cross streets. Eventually this will result in his always looking to right and left and waiting until no cars are near.

If you do not wish to let a younger child follow others about, you may tell him what the limits are within which he must stay, keeping a very strict watch on him, and taking him indoors for a while every time he forgets. Although this means spending some time watching him while he is learning, it will probably save time in the end, if it is unsafe for him to go about alone.

Developmental Differences

Because children differ greatly in their mental ability, it is not unusual to find a 4-year-old uninterested in the activities of other 4-year-olds because

mentally he belongs with a 5- or 6-year-old group.

To think of a child's age only in terms of years and months is very unsatisfactory, because his chronological age, as this is called, may not agree with his mental age, which refers to the degree of maturity of his mind. The physiological age of a child means the stage of development his bones, muscles, and organs have reached. One of these "ages" may lag behind his calendar age, or it may be ahead of it.

If you keep this unevenness in mind, it will help to explain some things that would otherwise seem odd. A child may be very large and strong and still not be up to his age in actual maturity of bone and muscle development. Such a child may seem awkward when compared to many children who are smaller than he is but further developed physically; he may use his hands clumsily, for example, or be unable to master the rhythm for skipping.

On the other hand, a child may be just average in bodily development but have a mind that is far ahead. It is sometimes necessary to go to a great deal of trouble to see that such a child has companions who are far enough advanced mentally but whose physical development is not so far beyond his that it is hard for him to keep up with them.

This is one of the situations in which nursery school may be very helpful, because in a good school a child will have a chance to choose a companion at his own mental level.

When there is no opportunity for an advanced child to play with others of his own stage of mental maturity, it is up to his parents to see that he has an unusual variety of things to do. Although they should be careful not to "push" him by formal teaching or coaching, he will enjoy more reading aloud, more picture books, more opportunities for creative play with materials, and thoughtful answers to his many questions. By this means his parents may make up to some extent for his being limited in his playmates.

The problem will take care of itself once a child is in school and has a larger number of children from among whom to pick his friends.

Overdependence

Although older brothers or sisters can and should take some responsibility for younger children, it is unfair to them to have a youngster always dragging at their heels. It is undesirable, too, that the younger children should get the feeling of being unwanted and unable to play the way the older children do. Grudging resentment may replace the enjoyment and affection that should and does exist between children in a family if the rights and needs of each are considered.

Each school-age child needs playtime when his mind is free from concern about a younger child.

Indoors it is likely to be the younger ones who annoy the older ones by getting into their things. Each child in a family needs to have a place where his possessions can be safely kept.

Each child needs his own friends, too. To assume that children need no other companionship than that of brothers and sisters is a mistake.

Money

As soon as a child goes to school, he occasionally needs money. Even in kindergarten he is likely to be asked for contributions, such as to the Red Cross. As soon as he is with a large group of children he comes up against the fact that some of them have money to spend for candy and other little items. This makes it necessary for a child to begin to have some training in the use of money.

Because a child will learn more about how to spend wisely if he has money of his own instead of asking for it each time he needs a few cents, it is a good idea to begin giving him an allowance when he enters school. This should be planned around his needs and increased from year to year as he has added responsibilities. A very few cents a week at first will see him through, but it must be remembered that his parents should not decide what he is to do with the money. Unless he has a chance to learn by spending it himself, he will not have a real learning experience. Sometimes a young child enjoys the plan of having his pennies divided among three or four little envelopes, marked "Savings," "Sunday school," "School needs," and so on. Thus he begins to get the idea of planning for various items.

Of course, if an allowance is to teach a child anything, there must be no

"hand-outs" when he runs short. If he uses his weekly spending money for ice-cream cones early in the week, your giving him a nickel when he asks for it later in the week will prevent his learning anything from this lack of planning.

STORIES AND MUSIC

Until a child is about 2, he usually doesn't care to sit still long enough to listen to a story but he does like to look at picture books with clear bright pictures of things he is familiar with, and he enjoys hearing little rhymes and jingles of the Mother Goose variety.

From 2 on he becomes increasingly fond of being read to, his first interest being in the simplest of little stories about children like himself. He likes to point out objects in the pictures and responds with delight to questions in the story that make him a part of it. ("Was the kitten under the couch?" "No!" "Was it in Tim's pocket?" "Yes!") He enjoys having the same phrases repeated over and over, like "This is the house that Jack built" or the "meow, meow, meow" of the Three Little Kittens.

Because at this stage children want to hear the same story over and over, the wise mother will select her children's books as carefully as she chooses their clothes. She will become as familiar with them as she does with the clothes and if she isn't careful to buy the best books, she will find it very tedious to keep on reading the same thing again and again. Yet there are books that keep their freshness, which it is fun to read over and over again. Keep in mind, in this connection, that price has little to do with quality; some 10-cent books are very good, and some \$2 and \$3 books very bad.

Some parents put off buying any but the cheapest books for their children because they are afraid the youngsters will

tear and soil them. It is possible to teach very young children to handle books carefully, and a child actually learns more easily to show respect for a good book than for a cheap, flimsy one. Cloth books are ideal for a baby who does not yet understand how to be gentle with anything, but such books should be carefully selected, for there are many poor, crudely colored ones that do nothing to encourage good taste.

Large cardboard books from the dime store may be made much more lasting by pasting cheesecloth or some other very lightweight fabric over the inside of the covers to strengthen them. Other books for a baby may be made by saving suitable gay pictures and advertising photographs from magazines and pasting them into large-size notebooks. Scotch tape around the edges and a coat of shellac on the picture will add to the firmness and durability of such a book.

If children are to learn to take care of books, they need shelves of their own on which to keep them; they should be praised when they remember to put their books away, as well as when they handle them with care.

Before they are old enough to use books, babies go through a stage of pulling them off the family bookshelves, just as they imitate other things they see grown people do. It is best not to make too much of this behavior, or the child may come to think of it as a fine trick. If, instead of being scolded, his attention is directed to some other activity, he will probably forget his interest in the bookshelves in a few days. Having his own bookshelf from which he may freely pull things out will keep him from feeling blocked by requests to leave other people's belongings alone.

The 2-year-old likes the attention of being held and read to almost more than he likes the pictures and stories, but 3- and 4-year-olds have passed over into a period of keen enjoyment of

the material read to them. They soak up stories as a blotter does ink. Their interests are quickened, their vocabulary enlarged, and their range of information expanded. Children who by the time they enter kindergarten have heard many stories and had much conversation about the pictures and happenings in their books start off with an advantage that shows up in the broader life at school. They already have a fund of information that makes them quick to recognize the words and phrases introduced when they begin to learn to read.

Not the least of what a child gets out of being read to is the sense of sharing something with the adult. This is one of the few places where he and the grown-up are on the same level—enjoying ideas together. When an adult plays with a child, the child is always under a handicap because of the adult's experience and power. With reading this is less noticeable; differences are forgotten in a common enjoyment.

Reading to a child, conversing with him, making excursions with him, are some of the means of giving him attention in desirable ways. Fewer children would seek attention by nagging, whining, and teasing, if their parents took pains to give them the constructive attention afforded by such activities. It is especially necessary when for some reason a child may be feeling insecure, as, for example, when a new baby arrives. Giving him a little individual attention by reading or storytelling at such a time may make a big difference in his behavior.

Storytelling

More mothers would tell stories to their children if they realized what delight it would give. Because young children are pleased with the simplest tales in which they themselves figure,

the mother need not be an artist to interest them. But once she discovers the satisfaction of being able to tell a story while she is mending or baking or dish-washing, she may find herself learning many stories to tell. There are excellent collections of stories that may be used in this way, and also books that give pointers as to how to tell stories well. (Such books are listed in Children's Bureau Publication 304, *For the Children's Bookshelf*.) Children always love to hear stories of the days when their mother and father were little; consequently any parent has a ready-made source of stories at his command.

Songs and Other Music

Little children have a natural feeling for rhythm that makes music a great satisfaction. First responding to lullabies, a child fairly soon begins to sing to himself and to enjoy listening to songs and instrumental music. Even a mother who is not musically inclined can manage the simple songs of limited range that are appropriate for the young child to sing. There is some evidence that children who have practice very early and learn to follow a tune have more satisfaction in and enjoyment of music in their school years and are able to go at it with more self-confidence.

A family that makes a habit of singing and enjoying music together has a source of comradeship and mutual interest that is worth more than the actual music. Because in present-day life there are many things that tend to split families apart, it is well to make use of all those things that encourage a feeling of family unity.

Musical Ability.

Parents, particularly those who are themselves somewhat musically gifted, are often interested in finding out whether their children have any mu-

sical ability. Although children occasionally do show what appear to be outstanding gifts in the preschool years, it is inadvisable to begin training them in music during this period. Not until considerably later is it possible to test children for special ability. Besides, the eye-hand or ear-hand coordination necessary to playing the piano or a wind instrument is not yet established.

FAMILY OCCASIONS

Parents who make the most of occasions for family fun while their children are little are doubly rewarded. They not only get a great deal of pleasure from achieving a better understanding of their children, but they give the children satisfactions that they will treasure all their lives.

In the present day, when family groups are not so closely knit as they once were, when there are perhaps no grandparents and aunts and uncles nearby to whom visits may be made, it is especially desirable to promote the children's feeling of the family as a unit. Sharing good times is one of the surest ways of building up this feeling.

Family celebrations of holidays, birthdays, and other occasions mean a great deal to children and are worth the planning they take.

It is ingenuity and imagination rather than elaborate preparations that count, for it is the little traditional touches that make the days memorable. A child will remember the time his dignified uncles played games on the floor or wore comic paper hats long after he has forgotten what Christmas presents he got that year. It matters very little what else goes on the table on birthdays, so long as there is always a cake with candles to blow out.

It is not necessary to go to a great deal of trouble or expense to give children the feeling that family affairs are jolly. Even a busy mother can do it.

To make the day stand out is what matters—the little extra touch, such as not having to do one's ordinary tasks on one's birthday or being given some special privilege. It may be that using the best china or putting on a gay tablecloth is all that is needed to set off one day as different from the others. In many families some one dish is always prepared on the appropriate holiday.

A mother should remember in her planning that the special considerations should not all be in favor of the children; when it is *her* birthday, or the father's, the children should have the fun of doing something for them. Parents can easily encourage selfishness in their children by doing too much for them, forgetting that children cannot learn the pleasure of doing for others without practice. Taking mother her breakfast in bed, which one little 5-year-old thought up and did all by herself, is a kind of experience that no child should be denied.

Sharing in plans for special occasions can be a great part of the joy of such events. A child who has gilded walnuts to hang on the Christmas tree enjoys the tree much more than one who has had no hand in the decoration. Such rituals as taking turns in reading aloud a certain story on Lincoln's birthday, or helping father hang out the flag on the Fourth of July, mean shared memories that bind family members together wholesomely.

A preschool child may largely forget what he learned on trips with his father to the zoo or museum or roundhouse, but he won't lose the impression of sociable companionship that began to spring up between them on those excursions. John and Mary will cease to believe in eggs laid by the Easter rabbit, but they will remember with pleasure all their lives the thrill of finding the nests their father and mother never failed to hide in new places each year.

Thumb Sucking

IF A baby has not acquired the thumb-sucking habit by the time he is a year old, he is unlikely to do so. But among children who have had the habit from infancy, well-meant efforts to stop it are as likely as not to have strengthened rather than done away with the habit.

In order to take intelligent action, it is necessary to keep in mind that the behavior has come about because of the soothing, comforting effect of sucking. It is through his mouth that a baby gets his first pleasure experience; it is natural, then, that when his fingers happen to come in contact with his lips, sucking should follow. There is an essential gratification about sucking that encourages a baby to fall back on this activity when he is unsatisfied for any reason. Because the repetition of anything that gives pleasure tends very quickly to make it a habit, the baby may have formed the habit of thumb sucking almost before the parents are aware he is doing it.

There is some reason to believe that a baby who does not get enough sucking in getting his food (either because his mother's milk flows too readily or because the hole in the nipple of his bottle is so large the milk comes out too fast) is more likely to fall into the habit of thumb sucking than one who has to work a little harder for his food. Some thumb sucking may be the result of not getting enough food of the proper kind. In other cases it seems probable that the baby has acquired

the habit quite by chance, as many instances of thumb sucking occur among children who have had what one authority calls "ideal feeding histories."

No one would try to mend a leg that was suspected of being broken by bandaging it instead of having an X-ray taken. But this is the sort of thing we do when we try to cure thumb sucking without looking deeper than the surface.

The conditions that resulted in the child's becoming a confirmed thumb sucker may have disappeared. But there is some explanation, if only we study the whole situation carefully, of the child's continuing this babyish behavior. If we concentrate on stopping the act itself rather than on altering the conditions that brought it about, we shall fail. If we manage to remove the strains that make the child need the comfort of thumb sucking, the habit will usually disappear of itself.

Thus, a child who sucks his thumb when he is bored needs to have his boredom relieved. The hand will come away from the mouth if it has something better to keep it busy. Giving the child really suitable play materials that encourage a wide variety of activities is a "must." A child who has brushes and paints, a wheelbarrow and shovel, blocks to build with, clay to model, a doll to cover with blankets in its bed or take riding in its carriage is not very likely to spend much time thumb sucking, if, in general, his home life is happy.

Sometimes it is boredom for lack of companionship that encourages the listless occupation of thumb sucking. Parents would be more successful if they put the energy into getting a child playmates that they put into talking about the habit or hunting for mechanical aids to keep his fingers out of his mouth.

If thumb sucking occurs only when a child is hungry or tired, special care may be taken to see that his daily routine makes it unnecessary for him to slip back into the habit. He may be fed a little earlier, put to bed a little sooner, and given a book or toy to interest him and keep his hands busy until he falls asleep.

Since solace is what a child is seeking when he puts his fingers into his mouth, it stands to reason that anything that makes him unhappy, like scolding, will only make him do it all the more.

Mechanical devices, such as thumb guards or cuffs on the elbow, make the child feel thwarted, and so, when the devices are removed, he at once tends to fall back on the pleasure he gets from sucking. The bad taste of bitter aloes, often used to paint the fingers, is not so bad as being without the comfort of the thumb; and so this has little effect, other than to call the child's attention to the fact that he is displeasing his parents and therefore to make him feel guilty.

If a child sucks his fingers infrequently and for short periods only, as when he is falling asleep, there is little danger that the shape of his mouth or jaw will be affected. Only when sucking is long-continued, with the hand so held that there is hard pressure on the roof of the mouth and inward pressure

on the lower jaw, is the proper development of the jaw likely to be interfered with. As the child's second teeth are being formed in the jaw during the pre-school period, persistent pressure for many months, or even years, may result in malformation that will have to be corrected later by orthodontia. Fortunately, the number of such cases is thought to be small.

The amount of thumb sucking that most children do is not enough to cause any harm to the mouth or fingers. But harm may be done to the child's emotions, and the habit may be made worse by nagging at him to stop or by using forcible means that center his attention on the habit.

To sum up, some constructive ways of getting rid of the habit are:

Making the child as happy as possible by removing emotional strains.

Putting a stop to all talk about the habit.

Preventing the child from becoming overtired or hungry.

Refraining from punishment, scolding, and the use of mechanical devices.

Providing interesting things for the child to do and children to play with.

Letting the child's pleasure experiences be on a level with his development.

If the child is given opportunities for independence and praise for things he does well, he will not fall back for long on an infant's way of obtaining satisfaction. After all, children do outgrow the habit, so why be too alarmed about it?

Nail Biting

NAIL biting is another habit in which a child uses the mouth as a source of pleasure getting, or, we might more accurately say, relief getting, when some pressure or strain is present. Picking the nose, twisting a lock of hair, biting the lips, making grimaces, and blinking the eyes are all so-called "nervous" habits, but nail biting is the most frequent, and the reason for it is typical of them all.

In the first place, healthy young children are very active and only gradually develop to the point where they can sit still or keep quiet long at a time. Freedom of movement is necessary to their growth. If it is interfered with to any great extent, we may expect an outburst of some kind by means of which they "let off steam." Thus, a train trip with a 3-year-old is hard for both adult and child; in the confined space of a car seat a child gets so little opportunity for bodily activity that if he is not allowed to run up and down the aisle now and then, he will be kicking his heels against the seat or climbing all over the back of it. To tell him to "sit still" is about as useless as telling a lively young colt to stop prancing. If he is forced to be inactive for a long period, to keep from talking, or to live up to standards of behavior that are beyond his powers, we must expect some reaction.

In some children the result may be irritable behavior; others become very resistant to control; still others will respond to the pressure by developing some bodily habit, like nail biting, that shows up the inner restlessness.

A parent who takes note of the times when a child bites his nails most will probably find that it takes place under conditions of excitement, overstimulation, or unhappiness. (Once it has become a habit, of course, the nail biting may appear at any time, especially when the child is bored or tired or suffering from excitement and tension.) This suggests the importance of keeping the child from being subjected to too great excitement. Young children should not be taken often to the movies, to the circus, to fairs, or to other places where there are crowds and where many things are happening. Sitting still in a movie and having his emotions stirred by exciting or distressing scenes that he does not understand is the very kind of strain which a child ought not to have to bear.

Anything that causes the child inner tension, such as fear or worry of any sort, makes conditions just right for the growth of the habit. If his mother is anxious, if there is quarreling that upsets him, if too much is expected of him, he may unconsciously try to ease his feelings in this or a similar way.

Parents should try to remove the cause of the strain (whenever it can be done) and substitute a more desirable activity—something to do with the hands, some occupation that will keep the child actively busy. Scolding, threats, constant mention of the habit, only make it worse. Care should be taken to keep the child's nails in good condition; if they are short and smooth, with no hangnails, the temptation to bite them is less great. Bitter-tasting medicines applied to the nails are of little use, but sometimes putting on nail polish encourages a little girl to feel pride in having her nails look nice.

Nervous habits are not likely to develop to any great extent in a child whose life is serene and happy, whose routine is so planned that he is not put under strains that are too much for him to cope with—like having to play with older children, living in a home where there is quarreling or bad feeling among the adults, or being denied an opportunity for lively outdoor play. An important thing to remember in handling little children is that we tend to manage them too much. A great deal of directing and talking can be avoided if the child is free to carry out his own ideas with the least possible adult interference.

Stuttering

BECAUSE speech, or communication, is the highest of man's attainments, it is not strange that difficulties sometimes arise in connection with it.

Stuttering is fairly frequent in early childhood, so it is worth while for parents to know how to head off this problem and what to do about it if it has already started.

It is popularly supposed that stuttering is outgrown, but many children carry this handicap into their high-school and college years. Stuttering is about four or five times as frequent in boys as in girls.

A child is said to stutter when he hesitates at the beginning of a word and tries repeatedly but unsuccessfully to make the right sound come. He may repeat the first letter of a word several times, or the whole word, or he may be so blocked that he cannot get any sound out.

The usual times when stuttering appears are when the child is about 2 or 2½ years old and is just beginning to talk freely; when he enters school; and at adolescence. Because these are times of big adjustments that the child has to make, it is only reasonable to suppose that speech difficulty is the result of emotional strain.

The 2-year-old is eager to make himself understood and also to learn by asking questions, but as he does not have a large enough vocabulary, he may get into trouble. It bothers him not to be

able to put into words what he wants to know or to tell, and stuttering sometimes results. Because young children are so easily influenced by those they are with, associating with a child who stutters or constantly hearing an adult in the family do so may result in a child's unconscious imitation of the habit. Until a child's speech habits are well established, it is not good for him to have as a constant companion a child or an adult who has speech difficulties.

Because stuttering has an emotional basis, it is important to remember that efforts to correct it will fail unless the underlying nervous tension that causes it is removed. In a child who is fussed at and corrected, the difficulty may become a very serious one. The child's difficulty should not be mentioned; he should be listened to carefully and patiently, so that he does not feel hurried when he tries to express himself. It is unwise to ask him to talk more slowly or to repeat, nor should you try to help him by filling in the word that you think he is trying to say. Children who stutter do not profit by any special exercises unless given by an expert in speech retraining. Such exercises often merely call their attention to the habit we want them to forget.

When stuttering is slight and only occasional, a careful checking and rearranging of the child's schedule may be all that is necessary. It may be that the excitement in the child's home life

can be lessened. If the child seems more inclined to stutter when he is tired, his mother should see that he gets more rest. If the stuttering occurs after he has been playing with several children, it may be helpful to arrange for him to play with only one or two at a time. He should be protected from feeling self-conscious, as he is sure to do if he is expected to "act like a little gentleman" when in company. The strain caused by his parents' expecting too much of him, or by situations in which he is afraid, should be avoided.

Because language ability is vital to a child's success at school, it is important to see that the stuttrer is sympathetically handled there. He should not be called upon to read aloud or recite before a group if this is the kind of thing that upsets him. A child who stutters is sensitive, otherwise he would not show this symptom of lack of poise. Many schools have classes for children who stutter, directed by specially trained teachers. It is well worth while to seek out such a school.

Although authorities differ as to whether or not there is a connection between left-handedness and stuttering, it is generally agreed that it is not wise to encourage the use of the right hand in children who show a tendency to be left-handed. Many children have switched from the use of the left to the right hand with no difficulty. But the very child who, because of his general "nervousness" might be expected to stutter, is also the one who may be excited over an attempted change from left to right. The very slight advantage of being able to use the right hand is not worth the risk of causing trouble. A school in which left-handed children are forced to write with their right hands is very old-fashioned indeed.

DELAYED AND DEFECTIVE SPEECH

Most children begin to talk sometime between their first and second birthdays but delay in learning to talk is not at all rare. If a child who is over 2 is not talking, the reason may be one of the following:

1. It may be merely that the child is slower in this phase of his development than in others. In such a case he will talk when he is ready to.

2. Occasionally it happens that a child begins to talk and then slows down or even stops talking for a while. It is believed that when he is trying hard to learn a new skill, he may temporarily make no progress in other skills already partly learned. For instance, a child learning to put on a shoe or to handle a spoon might for a time stop using those words he already knew.

3. Sometimes the child's mother attends to his wants so quickly that he does not need to talk. In such a case it is necessary for her to be deliberately unob-servant, so that the child will be forced to try to make himself understood. He must not be allowed to depend upon other means of communication, such as gestures and grunts, or he will continue to be slow in learning to talk.

4. Sometimes it is the child's emotional attitude that is preventing the use of language. Occasionally a baby who starts to talk is made so much of, urged to say his new words for visitors, and given so much attention that he becomes very resistant and refuses to open his mouth. Forcing him is likely to make him want to resist even more. Any treatment that results in a child's feeling "contrary" may slow up his interest in being social, or responsive, by means of speech.

Letting a child alone a good deal, being careful not to notice his resistant

behavior any more than can be helped, but taking pains to show appreciation whenever he does try to talk is usually helpful in doing away with his stubbornness.

5. Illness or serious malnutrition may slow up a child's speech just as it hinders his development in other ways. Physical care that builds up his health will be the answer here.

6. The possibility of deafness should be considered when a child does not talk at the customary time. Some children are born deaf, but many more have their hearing impaired by complications following one of the acute infectious diseases common in childhood. Deaf children must have special speech training.

7. Just as very bright children usually talk earlier than average children, so children who are born with less mental capacity than average or whose brains have been affected by a birth injury talk late. If a child to whom none of the other explanations of delayed speech applies is not talking by the age of $2\frac{1}{2}$ years, he should be taken to a doctor or clinic and a thorough physical and psychological study should be made. If failure to learn to talk is

due to defective brain development, so that the child will always be slow in whatever he undertakes to learn, his parents should know it, so that he may have careful training suited to his special needs.

8. Cases of speech defect caused by malformation of the speech organs, such as tongue-tie, are exceedingly rare. Children who have had harelips or cleft palates repaired often need special speech training.

ENCOURAGING GOOD SPEECH HABITS

Parents can do much toward helping their children develop ease in the use of language. A child who is habitually read to acquires a knowledge of words and an opportunity to have his questions answered that is very valuable. Conversation with other children helps him to use language well, if he is not badgered and corrected when he makes mistakes. Little errors should be largely overlooked while a child is learning to express himself. If the speech habits of their parents are good, children will gradually learn to speak correctly.

Children's Questions

THE LITTLE CHILD is usually bursting with questions. If he were not eagerly questioning from morning till night, we should be disappointed; for, knowing that it is his growing intelligence which prompts him to try to find out all he can about the world that is so new and exciting to him, we welcome this evidence of mental growth.

Before he can talk, a child must depend upon his senses for picking up information. He is keenly sensitive to sounds; the ringing of the telephone, the sound of his father's car coming up the drive, the barking of a dog, all tell him things. He likes to get hold of things and feel them; the cold smoothness of a milk bottle, the furry comfort of the teddy bear he cuddles, the silky softness of water, all have meaning to him through his sense of touch. He is continually exploring and experimenting, adding new knowledge about everything he can handle and manipulate.

QUESTIONS AND MENTAL GROWTH

Once he can use words, his world is immensely broadened. He is not limited to what he can see, hear, smell, and touch, but he can ask about things, too. When the milkman clicks the bottles, Ted asks, "Where does the milk come from?" When he hears the sparrows chirping excitedly, he inquires, "Do the birds have a language?" He wants to know why he can't take his teeth out at night the way he sees grandfather do.

Amusing as a child's questions sometimes seem, they also suggest what an opportunity his interest affords us to add to his information and enrich his mind. There is a remarkable difference at 6 years of age between those children who have had much conversation and many good picture books and magazines to look at and those children whose background has not provided these advantages.

Sometimes grown-ups are at a loss to know how to answer children's questions or don't want to take the time to. The temptation is great to say, "Oh, you're not old enough to understand," and let it go at that. If a child meets this response over and over, he may become discouraged and lose faith in the very persons who should be stimulating him to learn.

Unfortunately, putting a child off is most likely to occur when he asks important questions about where he came from and what it means to be born and to die. The kinds of answers children get to these hardest questions of all will affect them more than we realize. An adult who acts embarrassed and hesitant tells a child something by his manner. He tells him that these are "forbidden" topics, about which people feel very strongly.

CURIOSITY ABOUT THE BODY

Unless a mother prepares herself to be frank and truthful when her child bursts out with an unexpectedly tough question, there is danger of damage to

the relationship between her and the child. If she takes pains to equip herself so that she can talk naturally when he asks questions about his body, her frankness will encourage him to come to her again when he is puzzled. If she is the one who tells him things, she can be sure of giving him information that is true, but if he has to rely on what he can pick up from the discussions of other children, he will almost certainly be misinformed.

It is comparatively easy to explain to a child who asks where babies come from that they grow inside their mothers until they are big enough to get along outside; but it is a good deal harder to give anything like an adequate answer to a child who wants to know what happens when a person dies. Here is one of the occasions when the mother's admission that she doesn't know the whole answer is not only permissible but desirable. A child feels a little more comfortable when he realizes that here is something so big that not even his very wise mother understands it.

One of the half-truths that should be avoided is telling a child that dying is "just like going to sleep." Many a child has been terror-stricken at the idea of waking up in a box deep in the ground and not being able to get out. To tell a child that he will go "up into Heaven" when he dies is not much more comforting, for to a very young child the idea of going to a far-away place and being separated from his parents is almost unbearable. It is more sensible to point out to him that he is not at all likely to die, that nowadays children are given such good care that they do not need to worry about dying. If his attention has been called to death because of the loss of some older person in the family, he may be told that they were content to leave. If

death comes to one of his playmates, some parents may like to express their belief that such a child is with his grandmother (or some loved person who has passed on), so that the child's imagination will not dwell on how he would feel at being removed from his parents. The idea of being with God is a very vague one to his mind, which deals only with things he can see or touch.

It is not so much what is told a child as how it is done. A little child has such faith in his parents that he is ready to accept with comfort what he feels they believe. The forms of their belief, of course, will depend on the religion of the family.

Because little children may suffer feelings of great insecurity from seeing grief in adults whom they think of as strong and able to deal with anything, it is just as well for them not to attend funerals until they are old enough not to be frightened by the sorrow of adults.

Although it is very hard for a child to have a pet die, this sort of experience may really be of value to him, for he comes to understand that death is inevitable through a milder sorrow than he would feel at the death of a loved person. By degrees he is able to accept the idea that everything and everyone must die; but, seeing also the rebirth that takes place each spring, he can be given some idea of how life goes on even though some plants die.

Parents who know the importance of answering a child's questions frankly and truthfully are sometimes disturbed when their child doesn't ask questions such as why boys and girls are physically different or where babies come from.

There is little doubt that in some cases even quite young children do not express their curiosity about these things because they very quickly realize that



Curious and eager, all young children learn hourly by close observation.

certain things are taboo so far as open discussion with their parents is concerned. It is just as probable that with some children questions of this nature simply do not arise in the early years.

Even among those children whose questions pop thick and fast about everything under the sun, the total number that relate to sex, as compared to the hundreds of other inquiries, is very small. Probably one reason why some people get the idea that young children are greatly interested in sex is because parents tend to remember more vividly those questions that stand out in their minds rather than those that are easier to answer.

Instead of waiting for a child to bring up matters about which he will soon need information, it should be the aim of parents to equip him with whatever facts and appropriate attitudes he is going to need. We should be surprised indeed at parents who carefully avoided

telling their child that some day he was going to go to school. But we do something equally foolish if we avoid talking about a part of his life that will be just as important to his future happiness as his education is.

Children are going to absorb the attitudes their parents have, so it is up to parents to see that their attitudes about sex are normal and healthy. We can prepare ourselves to be good educators along this line if we will make as sincere an effort as we do, for instance, to learn good methods of child management. To achieve this sometimes means getting rid of long-held opinions and prejudices, but it is not much harder to do away with emotional slants and biases built up around sex than it is to learn to see why fear should never be used as a means of getting a child to obey. We give up old-fashioned and dangerous methods of punishment; why cling to or pass on to a child atti-

tudes of shame or prudery that are just as harmful to him?

Most parents' feelings about sex are the result of ways of thinking and teaching that date from *their* parents, who, of course, had not the benefit of the somewhat more advanced knowledge of human behavior that we have today. Just because we were brought up in ignorance of the names of body parts like scrotum, penis, vulva, and other terms associated with reproduction, doesn't mean that we can't learn to use them naturally with our children. Children are entirely without self-consciousness about their bodies; and if we are careful not to scold them for touching their genitals, not to act shocked or embarrassed when they ask how babies get out of their mothers, they will not become self-conscious. Sometimes our hesitation is merely a matter of ignorance, and that is easily cleared up by reading.

Some mothers are afraid free discussion will center their children's attention on the subject, but this is not going to happen if the parent is not tense and uneasy. Other parents think their children will not learn to be modest if they are allowed to see each other undressed or to bathe together. Actually, children pick up the adult conventions very readily and usually insist on privacy as they grow out of early childhood. It is only the very youngest who need to be told that taking off one's clothes, going to the toilet, and talking of bodily functions and matters of sex are not suitably done in company. Casual remarks that there are some things we talk about only in the family can be made without stressing them too much.

A little child's curiosity is usually very easily satisfied. All that is necessary is to answer his question of the moment, without trying to go into long explana-

tions that are beyond his understanding. A mother who complains that her child is not content with brief, specific answers but demands more than she believes he is ready for, has probably made her remarks emotional instead of answering as casually as she would if he had asked about the dust motes in a ray of sunlight.

What children really want is to feel that their parents can be relied on. If the father and mother never let them down by silencing them or telling them they are too young to know or making them ashamed of having asked, they will continue to think of their parents as the natural source of information. They may, and very often do, forget the explanation that is given and ask the very same thing over again later on. When this happens, parents can feel pretty sure their manner has been so normal and natural that the child is building up no inhibitions.

Handling the Genitals

A certain amount of handling of the sex organs is natural in childhood, and parents have to remember not to act disapproving of it. Punishment only serves to print the experience indelibly on a child's mind; directing his attention to other things serves the purpose of discouraging this, as any other, form of self-absorption. The danger in handling the genitals, or masturbation, lies not in the activity itself but in the possibility that the child may be made to feel guilty about it. A child who has opportunities to become aware of the physical differences between the sexes is unlikely to carry on much of the sex play that is common among children whose normal interest has not been satisfied. Parents find it hard to realize that children are entirely free of the many feelings about the subject of sex that often upset the minds of adults.

Imagination and Honesty

TWO-YEAR-OLD Johnny's mother was surprised into laughing out loud when she saw Johnny break off a bit of his cracker and hold it up to his teddy bear's mouth. This was the first evidence she had had of her little boy's awakening imagination. In the days that followed she began to notice many little things in his play that showed that he was using the experience he had and the things he saw and heard to add to and enrich the fun he had in his play. He would creep around, making awkward hops now and then, pretending to nibble, much pleased when his mother would say, "Here, little bunny, I have a carrot for you." He liked to sit at his little table and pour "pretend" drinks into a cup, or to put on his daddy's hat and go toward the door, saying, "G'bye."

The ability to imagine is an invaluable asset in human life. Without it we would not have progressed beyond the level of animals. The wonderful accomplishments of science would not be possible without it, and yet imagination must be guided and controlled if it is to be a useful part of a child's equipment.

For example, a child can be so much alone that he comes to depend too much upon the pleasure he gets from imaginary companions and is unable to adjust very well to real ones, who don't always do his bidding like the ones created by his fancy. A child whose imagination is allowed to run away with him is not very well prepared to meet a world of facts; thus, a boy who

boasts that *he* could make a better model plane than one another child is flying should have a chance to see how hard it is to fit together fragile bits of wood and paper.

The distorted imagination, however, usually seen in older children, is not to be confused with the airy imaginings of little children, who are only gradually becoming aware of the difference between reality and invention. Because it is hard for parents to enter into the world of a little child, they sometimes deal unwisely with the fancies of children, even calling them "lies" when there has been no attempt to deceive in the adult sense of that word.

Thus, a 3- or 4-year-old may be heard telling a friend that he has "hunderds and hunderds" of dollars in his bank. An adult who finds fault with him over this exaggeration is ignoring the fact that to the youngster one coin is as good as another. He is only aiming to give an account of all the birthday money that came his way.

The mother who finds it hard to enjoy her child's imaginative play is denied a great experience, one that is worth a great deal of effort to have. If she learns how to enter into imaginative play with her child, she will find that their companionship benefits, that the child appreciates her living through these experiences with him. It helps her, too, to avoid the "bossiness" that is such an enemy of good discipline. A child who feels the "oneness" created by his mother's sympathy is less likely to be resistant.

Take, for example, the matter of getting a child to go willingly to bed. The mother who is abrupt and matter-of-fact, who simply says, "Time to get ready for bed now," is far less likely to gain the cooperation of her child than she who observes what he is doing and remarks, "Shouldn't the truck go back to the garage pretty soon? Drivers must have a rest after they've driven a lot of hours, so they won't have an accident." Or the wise mother may weave what the child is doing (perhaps playing with a doll) in with a bedtime routine: "While you're undressing, I'll read you the story about the doll that had to sleep in the snow when she was lost, and how she finally found a home."

Many mistakes in handling a young child's imagination come from parents' fear of their child's developing a habit of untruthfulness. There is nothing to be concerned about on this score if pains are taken to see that the child knows when he is making things up. "That was a fine make-believe story; now tell me a *true story*" is one way that has been successfully used to help a child check up on himself and distinguish between invention and real life. Carefully pointing out to a child, as one reads to him, which are true stories based on fact and which are purely imaginary is another way of helping him to understand the difference between the real and dream worlds. He enjoys equally hearing that "Jack Frost has got in, you see, and left your window silver white" and the explanation in a simple science book of the way frost crystals form on a windowpane. He likes to hear about old Dobbin, who pulls the milk wagon and knows without being told just which houses to stop at, but he also wants to hear about Pegasus, the winged horse of the old Greek myths.

One of the reasons parents must be

careful in the handling of their children's imaginative chatter is that a child can easily use this as a means of getting attention. If there is a great to-do over his tales of having seen lions or tigers or his exaggerated account of something that happened at school, he may be encouraged to make up more stories. It is fun to be able to cause a stir among the grown-ups.

If this way of getting attention is being used increasingly, parents might well ask themselves what purpose it is serving for the child. It sometimes shows that a child is not allowed to feel important and so uses any means he happens on to make himself somebody who is listened to. Children who are denied satisfaction of some of their natural desires make up for it by fantastic stories which they *wish* were true.

Such puzzling behavior as when a child brags at kindergarten about how many toys he has at home or "talks big" about how he has traveled or what important things his father does, is often a clue to insecurity and lack of self-confidence. Such a child may be one who longs for the toys he is denied but sees other children having as a matter of course; or perhaps he is a fatherless child who is envious of children with fathers.

Punishment for such tall tales is, of course, foolish. Instead, it is necessary somehow to build up the child's feeling of adequacy. It is necessary for parents to work very closely with a child's teacher when what he says at school does not jibe with facts. It is quite unnecessary to be embarrassed or humiliated by such things, as teachers are usually very understanding and helpful when they are given the true picture.

Another thing that puzzles parents is to know what to do when they are not sure whether or not a child is telling an untruth. Surely it is better to slip up

occasionally than to make relations with a child tense or unfriendly by acting suspicious of him. A father and mother who trust a child have an enormous advantage in getting him to behave well over parents who show they don't know when to believe him and when not to. Nothing more thoroughly shatters a child's morale than to have his parents' belief in him break down.

It has been shown by painstaking study that the upright behavior of his parents is a powerful influence on a child's character. Scrupulous honesty and straightforwardness on the part of his family are as catching as measles. If sincerity and integrity are invariable rules in the home, there is little danger a child will not reflect them in his actions.

This must not be taken as suggesting that rigidity and severity, seeing everything in blacks and whites, is a favorable setting for the desirable development of character. Methods of training that frighten a child into being "good," that lay down such strict rules that a child's natural impulse is to try to evade them, are as poor as laxity and indifference.

"But how does lying come about?" asks the perplexed parent, who knows that children seem to lie as the sparks fly upward. "Are they natural-born liars?"

They certainly are not natural-born truth-tellers! They are only little human creatures who have, necessarily, a great impulse to protect themselves from harm. If we accept from the outset that young children's untruths usually have this self-defending motive, we may deal differently with them.

Many of us practically force our children into telling untruths because we are so eager for them to be upright and honest. If our efforts are directed to-

ward giving them reason for feeling secure and self-confident, we shall come out better. They won't *have* to lie.

A child's first deliberate untruth is often caused by his fear of punishment. Asking a child, "Who did this?" or "Did you do this?" when he knows from the tone of your voice that you are upset (over the scribble on the wall, the broken dish, or the picked-at frosting) makes him deny having done it even if he has.

Parents should try to avoid such impulsive questions. Punishment for such offenses is worse than useless if it leads to a child's trying to hide his guilt another time. Very often a child's *feeling* that he has done wrong is punishment enough in itself.

Then, too, questioning a child may lead to his stubborn, continued denial of something he would not hesitate to admit if the matter were approached more tactfully. For example, asking which of two children marked on the wallpaper may leave you completely thwarted, or it may result in one child's gleefully tattling. Simply commenting on how ugly the wall looks and saying that crayons will have to be put away unless they can be used properly will certainly bring no bad results, and it may be all that is necessary.

With regard to breaking things, it is important to remember that children are very seldom *deliberately* careless. Adults would not enjoy being taken to task for such mishaps; how can a child be blamed for trying to avoid having reproach heaped on him?

When a child takes cake or candy or money or anything that has been forbidden, we might well ask ourselves if we have not brought about the trouble by putting temptation in his way. It will be helpful if we remember that young children have not yet built up habits of resistance. They are very

easily tempted, and they may not be able to resist taking money or anything that they like very much when it is there right at hand. Only by slow degrees will they be able to be strong. It is not a good idea to leave money around where it is easily found. If children see us going casually to a purse or drawer to take out money for something we need, they may do the same thing when they want candy. One of the best arguments for even very young children's having a tiny allowance of their own is that they begin in this way to get an idea of "mine" and "thine."

One of the best ways of encouraging a child's understanding of property

rights, of what is his and what is not his to handle or use, is for us to make sure that he has belongings of his own. Only through the feelings of satisfaction he has in *his* toys or *his* books or *his* pennies will he be able to grasp the fact that other people feel the same way about their possessions.

This business of having one's *own* things is the first step in the journey toward generosity and sharing. A child of 3 who has a wagon is better able to understand how another child feels about sharing his tricycle than one who has no such toy. With a little help he is able gradually to learn to share and to take turns.

How Families Are Different

EVEN a very little child has feelings about his family. Perhaps he sees the other children running to greet their fathers when they come home at sup-pertime. But *his* father gets home in the morning and sleeps all day. His mother has someone come in each week to do the washing and cleaning, but his friend Jimmy's mother does all that herself. Some families in his block go to church every Sunday; some never go.

A little child cannot put into words the ways in which his family is not like other families, but he is conscious of differences and is being affected by them all the same.

His family is the "best," of course, in his estimation. Every child needs to feel this reliance on his father's and mother's ways as being the "right" ways. Fortunate are those parents who set up ways of managing their family life that will stand up under the child's examination later on when he begins to compare his home life with that of his friends. If parents are honest with each other and try wholeheartedly to see each other's point of view, if each reminds himself that he must give up something of what he wants in deference to the other's desires, the spirit of real cooperation that results will keep their child feeling that his family life is a good life. If his home satisfies him, he can more readily understand the individual differences in feelings and behavior that make other children think of *their* family ways as being right, too.

There will come many a time later when the child will want to do what *other* children are allowed to do—stay up later, go to more movies, have more money to spend. But if the foundation of reasonableness and friendliness has been laid in the early years, he is not going to be too rebellious when his parents sometimes have to say "no." He will have had plenty of proof that they really love him, really want him to be able to have good times and do the things that seem so desirable to him; in other words, he will be ready to admit that there must be some good *reasons* back of their refusal.

What are some of the things in family life that build up a child's respect for his parents?

1. Enjoyment by parents of each other's company.
2. Respect for each other's opinions.
3. A truly self-reliant outlook on life.
4. Treatment of the child with respect as an individual, a person worth consulting.
5. Enjoyment in doing things together as a family.
6. Sensible use of family income and joint decisions about its use.
7. Skills or traits in each family member that the others are proud of.
8. Recognition of lasting values rather than desire for excitement and amusement.
9. Acceptance of community responsibility.

Ways in which values in family life may be strengthened:

1. Enjoying each other's companionship is possible only if parents have interests in common.

Many young parents do not realize until it is too late that they must build up enjoyment in each other's concerns if they are to live on a firm basis of understanding. Too often each goes his own way, with tolerance of the interests of the other but no real effort to get together. A man's wife may not find it possible to become tremendously enthusiastic about his hobby of stamp collecting, but if she enjoys reading, a book that throws light on an event commemorated by a certain stamp will give them something to talk over. Her reading indicates to her husband that she doesn't think his hobby childish. A man whose wife likes to do fancywork as they sit together of an evening may find that by reading aloud he can make interesting to her the sort of thing in which he takes keen delight but which she would never read by herself.

An interest in music, photography, gardening, carpentry, or almost anything else can serve to make family life richer if each partner enters into the other's absorbing interest.

2. Respect for each other's opinions is possible only if each considers the other as important as himself. Because the home background and training of the two partners are not at all alike, it is easy to see why very different attitudes grow up. A man may have had a father whose unflattering opinion of women made his son unwilling to let his wife have a share in family planning. A woman may tend to show little respect for her husband's opinions because she, as an adored only child, was allowed to rule her mother and father. It will take effort for these two

types, or others somewhat like them, to develop habits of respect for their partner's ideas.

3. A truly mature, self-reliant outlook on life is reached only through practice in responsibility. A girl who has been pampered or one who has developed a self-pitying point of view because of early hardship, a man whose father has tried to keep him bowing to his will or one who has been less outstanding in school or in sports than his brother, may find that the final growing up has to come *after* marriage. Recognition of one's need for a more realistic outlook is the first step in changing one's habits.

4. Treating one's children with respect is not likely to come about unless one tries to learn what children are like and what to expect of them as they develop. Sometimes it is necessary for a father to interpret the children to the mother, though more often it is the other way round. But the more anyone knows about children, the more he realizes how worthy they are of consideration.

5. Enjoyment of family companionship comes from having had fun together many times. To one family walking may be fun; to another, playing games; to a third, gardening; to still another, entertaining guests. The main thing is to try out many things that can be done as a group. Some of them will bring pleasure that will build up warm feelings of oneness.

6. Sensible use of the family income depends to a great extent upon training in using money but also upon the amount of respect parents feel for each other. If either the husband or the wife feels that the other is extravagant or stingy or not always sensible, there is bound to be some arguing and disputing. Because it is more often the man who provides the income and be-

cause men have so long held the purse strings, many men unthinkingly expect to make decisions as to how money shall be spent. They have not stopped to remember that in our present way of living it is the wife and mother who must know about how to buy, about comparative costs of food and clothes and rent, and that the family will be better served if decisions are made jointly.

If husband and wife talk over the advantages of buying a new rug now or putting it off, of renting a house in one neighborhood for the sake of the school or in another for the sake of the fine yard, the children are learning while they listen. They are learning (1) that talking things over is a good way of bringing out all sorts of ideas and feelings, and (2) that it is a democratic way of living in which no one person dictates what the others shall do. As they grow older, they will get in on the discussions, too; Molly will have a chance to tell the family why she thinks dancing lessons should be included in the budget, and Mark will ask, if Molly is going to have that money spent on her, won't it be fair for him to have a like amount to buy a camera?

7. If each member of the family has some trait or skill that the rest can be proud of, family unity will tend to be stronger. Even while children are very little they begin to show personality differences. Molly's family is pleased because already, as a 4-year-old, she is so friendly that everyone likes her. Two-year-old Mark may have a very different temperament, but he may show a quickness of observation that is very well worth encouraging. If Father is proud of Mother's skill in cake making or house decorating, and if Mother is sure no gardener has a "greener thumb" than Father, the children just naturally expect that things they do well will be

pointed out, too. It is wholesome for everyone in a family to be proud of everyone else (but totally unnecessary for outsiders to have to hear about it). And there is usually something for which each one can be praised if we stop and hunt for it.

8. Parents who have asked themselves what they mean by "good family life" are trying to find the values in their way of living. Of course, people seldom live up to the ideals they have, but they certainly won't live up to ones they haven't even thought out.

The valuable parts of family life are the byproducts of all the work that goes into making a home. It isn't how varied or well-cooked the food on the table is (though that helps) so much as it is the atmosphere at the family table; it is not the cost of the curtains at the window so much as it is the eagerness with which the children look out of the window to see their father coming home. It isn't what kind of car the family has, but what kind of planning they have shared in saving for that car (agreeing on beans instead of steak for dinner, for instance) and how they enjoy themselves when they go out in it.

The family's attitude toward life is what makes the difference. If the parents have lived lives in which excitement to fill in the vacant spots was all they hunted for, the values of their family life for their children will be very different from those of parents who never have time enough to do all the creative, interesting things they have piled up ahead of them.

Feeding children's stomachs with suitable things takes a great deal of parents' energies and thought, but just as vital to a child's growth are the thought and effort put into building up the resources of his mind and personality.

9. Acceptance of their responsibility



Story hours with father will always be happily remembered.

in the community in which they live is one way parents can round out family life. Children are very proud of parents who enter into the life about them, who are taking part in and contributing to the community and not just receiving from it.

When a family chooses a home because it is "in a good neighborhood," they immediately have to shoulder part of the responsibility for keeping the neighborhood "good." When Mary and Martha, the twins, are ready for kindergarten, their parents can't just leave it to chance that their first year at school will be successful. If they are *really* community-minded, they will already have been interested in the school and active in community school

projects, not just selfishly for their own children but for the good of all children.

Having children is what often starts people toward becoming community-minded.

THE CHILD'S POSITION IN THE FAMILY

Not a great deal is known about the way in which being a first, last, middle, or only child in a family affects the kind of adjustment a child makes to life. Too many other things enter in to allow us to attach great importance to the accident of birth order. Its effects cannot be separated from those of the many other things that are influencing a child as he grows up.

For example, such things as the state of the family finances are seldom the same when different children are born. The family may be better off or poorer when the third child is being brought up than when the first came. The ages of the parents are different, too. The first child comes when his parents are younger, less set in their ways. But again, the parents may have learned so much about children by the time a fourth or fifth child comes that their added years become an advantage. Often, however, as their own childhood years get farther away and changes in the world about them make it more and more different from the world they knew as children, parents find it hard to adjust to new ways and ideas, and, continuing to train their children as they themselves were brought up, fail to see that their old world no longer exists.

The living conditions of a family are nowadays rarely the same from one child to another. A family that lives in a suburb with open fields around the house when the first baby comes, if living in the same place when the last child arrives may find that the neighborhood has built up so that he has little space for play. Another family may move from apartment to apartment, so that the children have little sense of belonging in any one place.

No matter what, the situation always changes so that no two children in a family have exactly the same surroundings. Each child, being a unique individual, is affected differently even by surroundings that seem on the surface much the same for all. So we have an endless play of variations going on.

It is obvious that a first child has somewhat different relations with his parents from those of any child coming later. Everything that he does is surprising and interesting to them, and although they may make mistakes by

expecting too much of him in one way and too little in another, they are very proud of him. There is not quite the same exciting freshness about the accomplishments of later-born children, although the first tooth and the first step may come just as early as in the case of the first child.

Eldest children seem somewhat less likely than other children to be aggressive and self-reliant. Perhaps because they are the oldest, because they so often hear "You are older than Harriet. You must take care of your little sister," "Don't be selfish. Let brother have your ball," they get a little tired of being responsible. One of the few studies we have of differences in personality in connection with whether one is a first, last, middle, or only child, indicates that it is often the youngest child who has leadership qualities and tends to be independent. Common sense tells us that the youngest child has to develop some ability to resist the "bossiness" with which the older children almost always treat him, or else he becomes a "yes-man" and a follower.

What about middle children? The things that many parents tell when they are asking for advice suggest that "in-between" children sometimes need more affection shown them than they get. The oldest child gets attention because he was the first. He was the first to have picture books given him, to be taken to church, to go to school, and so on. The youngest child remains the "baby," with no one to dispute his special claim to attention. The middle ones have neither of these enviable positions and special thought may need to be given to ways of making them feel that they are as important and necessary to the family as their brothers and sisters. Odd-seeming behavior may be the outgrowth of feelings of insecurity.

Even if parents could treat their children exactly alike and could keep the general surroundings exactly the same for each, the children themselves are so different that each one would respond differently to the things, people, and conditions around him, as any parent who has more than one child knows.

DIFFERENCES IN INTELLIGENCE

Because of the differences in intelligence between children in a family, it is sometimes necessary to determine what their abilities are, in order to avoid expecting too much of one, too little of another.

Though our means of measuring intelligence are very imperfect, it is possible by tests to get a fairly good idea of whether a child is, and will remain, unusually bright, just average, or a little slow. Untold harm may be done to a child by expecting too much or too little of him. Therefore, if unusual gifts or

unusual lacks are suspected, it is worth while to go to a great deal of trouble to have him tested by competent psychologists. It is not yet easy to have this done, but many cities have child-study clinics, sometimes set up in the school system, sometimes under other auspices. When a family lives in a small town or in the country, it may be necessary to get in touch with the State department of education or of child welfare at the State capital. Or perhaps the nearest college or university may have facilities for testing.

Because it is impossible to predict in very early childhood what a child's eventual level of intelligence will be, there is little point in giving mental tests to children below the age of 4 or 5, except when some very important decision (such as adoption) makes it desirable to gather every available clue. It should be borne in mind, however, that tests in the preschool years give less indication of a child's mental level than tests given during the school years.

Teeth

THE TEETH begin to develop about 6 months before birth and keep on developing during the entire period of childhood. Nearly all the teeth of the first set—the deciduous, or “milk,” teeth—are already partly or wholly hardened at birth. As the baby grows, the teeth grow also, and some teeth begin to cut through the gums at about the sixth to the eighth month of life. From then on, new teeth appear at intervals until the baby is about 2½ years old, when, as a rule, all the 20 teeth of the first set have come through.

By the end of the first year many babies have six front teeth, although some healthy babies have only two. If a year-old baby has no teeth at all, the doctor should be consulted. The diet may be at fault, or some disease may be slowing the child's growth; racial and family traits, too, may account for delayed teething.

There is a good deal of difference in the age at which the various teeth come through the gums, but the order in which they come is the same for almost all children. First the two lower front teeth appear, then after a time, the four upper front teeth. After this, it is usually some months before more teeth come through. Then two more lower teeth appear in the front of the mouth. In a few months two teeth appear in the lower jaw—one on each side—near the back; then two in the upper jaw, opposite these. Later four “eye teeth” come through—two upper and two lower. After awhile the four back molars come through, and then the temporary set of teeth is complete.

While a tooth is coming through the gum, the child may be irritable or fretful and may not eat well, but teething alone rarely accounts for illness. An illness should not be attributed to teething until all other possible causes, such as a cold, an abscess in the ear, and other diseases have been ruled out by the doctor.

If the child is to have good permanent teeth—straight, strong, and regular, with the upper and lower sets meeting to form a good chewing machine—his baby teeth must be kept in good condition until the permanent ones are ready to come in. The permanent teeth come in from the sixth to the twelfth year, and until then the child needs his baby teeth to chew his food and to hold the jaws in shape so that the permanent teeth will have plenty of room. If the baby teeth are to be kept in good condition as long as they are needed, they must be built of good material and they must be taken care of properly at home and by a dentist. Every effort should be made to save the baby teeth, but they should not be retained too long, for when they are, serious defects often develop in the permanent teeth.

The material of which the teeth are built depends largely upon the nourishment of the body. As the formation of the temporary teeth begins to take place to a large extent before birth, the mother is the child's only source of nourishment while these teeth are being built; and, if during this time she does not receive enough outdoor sunshine and enough of the foods that supply the elements

for tooth building, her own teeth may suffer and the baby's teeth may be built of poor material. Foods that supply the elements needed for tooth building are milk, fish-liver oil, fruit—especially oranges—green leafy vegetables, raw vegetables, and egg yolk. These foods not only should be part of the diet of the mother during pregnancy and the nursing period but should be in the diet of the child also.

In preventing decay of the teeth, diet is of great importance. The same foods that build strong teeth will help greatly to prevent decay. Too much sugar and other sweets in the diet bring about conditions that may have a bad

effect on the teeth. Eating too much sugar may make the child neglect other important foods.

The structure of the permanent teeth may be influenced by the child's health during the years in which they are forming, especially the first 2 years; any serious disease may cause defects in the permanent teeth. Rickets, for instance, may damage the permanent teeth that are in process of formation at this time (the 6-year molars and a number of the front teeth). Fish-liver oil and sun baths are needed for tooth building, especially during the first 2 years, the period when a child is most likely to get rickets.

Prevention of Accidents



IT IS a well-established fact that more accidents happen in the home than outside it. It is equally true that most accidents can be prevented.

Small children should never be left alone in the house whether asleep or awake. If the mother must leave the house during the day for some reason, an adult or an older brother or sister who is responsible and dependable should be left in charge. Mothers who live in apartment houses can often make arrangements with a nearby neighbor to look after a child for short periods of time.

If parents wish to go out in the evening, they should have a responsible person—not a child—stay with the children. Parents—particularly those who live in apartments—may be able to arrange to take turns with other parents in staying with the children.

POISONING

Keep all medicine and pills, disinfectants, and poisons out of a child's reach. Such things as boric acid, iodine, mercurochrome, and lysol belong in a closed medicine chest or on a high shelf in a cupboard the door of which is kept closed.

Keep all cleaning and bleaching agents, fuel and cigarette-lighter fluids, corrosives, insect and rat sprays or

powders,¹ and paints on high shelves or in a closed cupboard. Small children have been poisoned by ammonia, bleaching powder, coal oil, gasoline, and lye. Articles like this should never be within the reach of children.

Children who have a tendency to chew painted toys or a painted bed or other furniture may get lead poisoning. Nowadays many manufacturers realize this danger and have discontinued using paints with a lead base for children's toys and furniture.²

To avoid gas poisoning, be sure that gas fixtures do not leak and that no gas flame that might blow out accidentally is left burning. When gas is burning in a room, see that the room is very well ventilated. Never leave a young child playing alone in a room with a lighted gas heater or stove.

Gasoline or kerosene stoves should be fitted with flues or other means for disposing of burnt gases. Rooms in which they are used should also be well ventilated.

Never let a gasoline motor run in a closed room. Never let a vehicle motor run in a closed garage.

¹ Insect or rodent repellents which are harmless if swallowed by children are now manufactured by some companies.

² For a discussion of this subject, see section on paints, pigments, and dyes in the Children's Bureau publication, *Toys in Wartime*.

BURNS

Buckets, pans, or tubs of scalding water should never be left on the floor where a child can stumble into them. Even if hot liquids are placed on a table out of reach, the crawling child may pull them onto himself if the tablecloth is within his reach.

Keep all matches, cigarette lighters, and fire lighters where children cannot get at them.

Make it a habit to turn saucepan handles toward the back of the stove.

CUTS

Knives, scissors, razors, ice picks, and other sharp or pointed objects should be put away in drawers when not being used.

Short, blunt scissors used by children for cut-outs are safe if handled properly. Children should be taught not to walk around with scissors in their hands and never to run with them. A small child should not be allowed to play with scissors unless he is sitting down, preferably with an adult nearby.

FOREIGN BODY IN MOUTH, NOSE, OR EARS

A child may choke on any small object, such as beans, berries, nuts, buttons, coins, beads, pins, pencil erasers, and small toys. All such objects should be kept away from very young children. As early as possible a child should be taught not to put objects into his mouth, nose, or ears.

FALLS

Most little children have frequent tumbles in the course of growing up, without any harm resulting from them. Falling downstairs or out of the window is, however, another matter. Put a guard or fence at the top of an open stairway, and keep stairways well lighted and stair carpets tacked down.

See that all windows in rooms in which a child sleeps or plays are securely screened.

FIRES

Even if the house can be reached easily by a public fire department, fire precautions should be the rule in every family. Fire-resistant construction is the best defense, but much can be done in an ordinary house to prevent fires.

The chief causes of home fires are careless use of matches and cigarettes, careless burning of refuse, and use of defective stoves and chimneys.

Use metal containers for matches, trash, and ashes. Have stoves and chimneys inspected regularly. See that the heating equipment is properly installed and cared for. If gas is used, have metal pipe connections, not flexible tubing. Do not place a gas stove or heater where a curtain can blow into the flame. Use only electrical equipment approved by the underwriters' laboratories (a noncommercial organization) and have it inspected frequently by an electrician. Do not use worn cords or loose fixtures.

Do not allow rubbish to pile up. Destroy as soon as possible all cloths and papers used in cleaning with oil or wax; a pile of such cloths or papers is likely to take fire of itself.

Have at least one fire extinguisher and have it charged once a year. See that all stairways and doors are kept clear all the time.

OTHER ACCIDENTS

Children should not play in the street. A play pen in the yard or on the porch keeps the smaller children away from many dangers. Older children with no yards of their own or friendly neighbors' to play in should have access to a school or other supervised playground.

As early as possible children should be taught how to cross streets safely.

Prevention of Disease

EVERY parent wants his child to be healthy at all times. By helping to prevent disease you help your child to keep well.

To be strong and healthy every child should have a good, nutritious diet. Not only must the food be the right kind for children, but it is equally important that it be clean. Many illnesses of children occur because of contaminated food, especially milk. All food should be protected from flies, and perishable food should be kept cold.

A child needs also a clean and happy home, proper clothing, and plenty of sleep, fresh air, play, and exercise.

Doctors do not know how to prevent all childhood diseases but they do know how to prevent some of them. Usually when doctors find out what causes a disease they are better able to prevent it.

For example, scurvy is a *deficiency disease* caused by lack of enough vitamin C. By giving a child sufficient amounts of orange or tomato juice, which are good sources of vitamin C, scurvy is prevented. Rickets can be prevented by giving a child sufficient fish-liver oil to supply him with vitamin D. Pellagra, beriberi, and other diseases due to deficiency of vitamin-B complex can be prevented by seeing that a child gets a good diet containing whole-grain or enriched cereals or bread, milk, fresh vegetables, eggs, and meat. Vitamin-A deficiency, which may cause night blindness and other eye disorders, can be guarded against by including plenty of whole milk, butter, and eggs in the diet.

The *communicable diseases* of childhood are the diseases that are caused by bacteria and viruses. Bacteria are microorganisms, or germs, which can be seen with an ordinary microscope; a virus is a microorganism so small that it cannot be seen without a very special instrument. Some of the bacterial diseases are tuberculosis, scarlet fever, diphtheria, typhoid fever, and whooping cough. Some of the virus diseases are the common cold, influenza, measles, mumps, smallpox, and infantile paralysis.

Most germ diseases are spread from person to person, though sometimes animals or animal products, such as milk, may spread disease.

Disease germs get into the body by one of three routes:

Through the nose and throat by *inhalation* (breathing).

Through the mouth and stomach by *ingestion* (eating).

Through the skin by direct or indirect *contact* (touch).

The respiratory diseases, such as colds, pneumonia, influenza, and many of the common contagious diseases like measles, mumps, and whooping cough are acquired by *inhalation*. These diseases are spread by persons sick with them or by "carriers." A "carrier" is a well person who carries germs in his nose or throat or digestive tract. Sick people or carriers can spread disease germs by coughing, sneezing, and even by talking.

Respiratory diseases are often called "droplet" infections because droplets of

saliva or nasal secretions make good air transports for bacteria and viruses. When people sneeze or cough, thousands of these droplets, both visible and invisible, are sprayed into the surrounding air. Recent experimental work shows that the droplets themselves evaporate very quickly (a matter of minutes) but the residues or particles left by the droplets remain for a long time and these residues carry the bacteria.

When these germ-filled particles fall on things like a pencil or a toy, such objects may become transmitters of disease. It is important to remember, however, that, to begin with, germs come from people and not from things.

Some of the diseases which children may get by *ingestion* are typhoid fever, dysentery, food poisoning; pork poisoning, or trichinosis; septic sore throat, and a certain type of tuberculosis. These diseases are spread by—

Polluted water.

Unpasteurized and unclean milk.

Flies, insects, and food.

Children can become infected from drinking or swimming in water that has been polluted with human sewage.

Children should be warned not to cough or spit into the water of a swimming pool as this may infect other bathers. Many cases of sore throat and other respiratory diseases are transmitted in this way.

Every year a certain number of children develop typhoid fever after swimming in the "old swimming hole." Examination may show that the water was polluted with sewage from an improperly constructed privy or a defective drain pipe.

Milk and milk products should come only from tuberculin-tested cows, and no raw milk should ever be given to children. If milk or milk products from a tuberculous cow are given raw to

a child, he may develop a type of tuberculosis that affects not only the lungs but the bones, joints, and glands also. The milk and milk products from cows with Bang's disease can give children undulant fever. Goat's milk as well as cow's milk may contain the germs of tuberculosis or undulant fever if the animal is infected. To safeguard children against these infections, only pasteurized or boiled milk and pasteurized milk products should be used. (See pp. 22-23.)

Food can also be contaminated in other ways. Bacteria from mice and rats can infect food if these animals are allowed to come in contact with food after it has been cooked. Disease germs from the stools of human beings may also get into food. They can be carried on the skin of people who do not wash their hands after going to the toilet. They can also be carried by flies which feed on human wastes and then walk over food, leaving it contaminated with germs.

Some disease germs can enter the body through the unbroken skin; others can get in only through a cut or a crack or other break in the skin or mucous membranes. Gonococcal infection and common skin diseases like impetigo are good examples of the first kind. The discharges of people with gonorrhoeal infection can cause infection if they come in contact with the mucous membrane of the eye or of the genitalia, especially of little girls. Impetigo and other skin diseases can pass readily from the skin of one child to that of another.

The germs of tetanus (lockjaw), tularemia (rabbit fever), and the spirochete of syphilis get into the body through a break in the skin or mucous membranes. So also do the germs which cause wound infections like gas gangrene and staphylococcal or streptococcal infections.

PARASITIC AND INSECT-BORNE DISEASES

The skin of the body can also be penetrated by the bites of disease-carrying insects or animals. Malaria and yellow fever can be carried by mosquitoes; tick-bite fever and relapsing fever, by ticks; rabies, by dogs and occasionally cats.

Scabies, or the itch, is a skin disease caused by a parasite which burrows into the unbroken skin, particularly of the hands and arms. Hookworm is caused by a parasite that penetrates the unbroken skin of the feet. Children who walk barefoot over soil which has been polluted by stools of people with hookworm disease are very apt to contract hookworm.

PREVENTING COMMUNICABLE DISEASES

To safeguard your children from disease, teach them good health habits, maintain good home hygiene, observe the rules of good outdoor hygiene, and have your children immunized against certain diseases.

Good Health Habits

Parents should practice good health habits themselves and teach them to their children.

Teach your child to—

Keep away from sick people.

Keep out of crowds.

Avoid people who are coughing or sneezing.

Catch his own sneezes and coughs in a handkerchief.

Use only his own towel, washcloth, comb, tooth brush, and other personal articles.

Avoid using cups, glasses, and other utensils for eating and drinking

which have been used by someone else.

Bathe frequently.

Wash his hands with soap and water always after going to the toilet and before eating.

Avoid going barefoot in parts of the country where hookworm is known to be common.

Good Home Hygiene

Every child should have a clean and well-ordered home. To make this possible for him, you should be careful to—

Maintain clean and sanitary conditions in your home.

Have all windows and doors properly screened to keep out flies, mosquitoes, and other insects.

Protect all food from insects and animals.

Use only pasteurized or boiled milk.

Make sure you have a pure water supply. If in doubt, consult your State health department.

In the city insist on regular sanitary garbage and refuse disposal.

In the country see that garbage, refuse, and sewage are disposed of in safe and sanitary ways.

Consult and cooperate with your State health department on these and all sanitary regulations.

Good Outdoor Hygiene

When taking trips in a car, camping out, or picnicking, observe the following precautions and teach them to your child:

Boil all water from outside sources for drinking, brushing teeth, and washing food. Remember that the clearest-looking spring water may be unsafe.

Never let a child swim in a pond, creek, lake, or river into which sewage is drained.

See to it that refuse is burned and garbage buried promptly.

Preventing Tuberculosis

Children get tuberculosis of the lungs by being near a person who has tuberculosis. A tuberculous person may infect a child directly by droplet infection in breathing, talking, or coughing, or indirectly by spraying germs on objects throughout the house. If, therefore, any member of a household has the disease, either that person or the child should be removed from the home while the disease is in the active stage. All other members of the family should be examined for tuberculosis. Your doctor or the public-health authorities will, of course, decide when it is safe for family living to be resumed. Children should be kept away from any one with a chronic cough, since frequently such a cough is due to tuberculosis, whether it is recognized or not.

A child who is suspected of having been exposed to tuberculosis should have a tuberculin test. If this test is positive, X-rays of his chest should be taken.

Some doctors are now recommending that all children be given the tuberculin test at 3 years of age and every third year thereafter up to 18 years.

Preventing Gonorrhea

If the parents know that anyone in the house has a discharge from the genital region, they should arrange to have that person examined by a doctor.

The germs may get on the fingers of an adult who has the disease in an active form, and the disease may be transmitted to young children, especially girls, if such an adult takes care of them.

Not all cases of genital discharge are due to gonorrhea.

Preventing Syphilis

Almost all childhood syphilis is congenital; that is, it goes back to the time

of birth or even before. Congenital syphilis can be prevented by proper diagnosis and treatment of the mother before and during her pregnancy.

Acquired syphilis is very rare in children.

Preventing Malaria

Malaria is carried to human beings by mosquitoes. It can be prevented by wiping out the breeding places of mosquitoes—swamps, pools of still water, ponds, or even water standing in old, unused barrels or tin cans. Screening of houses and porches will do much to prevent the spread of this disease. Unused receptacles that may collect rain water should be inverted or covered so that water will not accumulate and stand for long periods.

Immunization

Every child should be inoculated against smallpox and diphtheria. In addition, some children should receive whooping-cough, typhoid, and tetanus injections.

These measures to prevent disease should be begun in early infancy.

The following plan for immunization of a baby is suggested:

1. Have him vaccinated against whooping cough at 7 months (three injections).
2. Have him immunized against diphtheria at 9 months (three injections). Tetanus immunization may be given at the same time. (See p. 119.)
3. Between the inoculations against diphtheria and tetanus, have the baby vaccinated against smallpox.

In the preschool period certain additional steps are taken:

1. Six months to a year after the first diphtheria injections are given (at about 2 years of age), he should receive another injection of toxoid or a Schick test should be made.

- Have the child reimmunized against diphtheria if this is necessary (if the Schick test is positive).
2. If tetanus toxoid was not given in infancy, it may be given between the ages of 2 and 6 years.
 3. After the age of 2 years, if the child lives in or travels to a community where there is much typhoid fever, he should be given typhoid inoculations.
 4. At the time the child enters school, have him vaccinated again and have another Schick test given (or another injection of toxoid).
 5. Some physicians also give a "booster dose" of whooping-cough vaccine in the preschool period.

Consult your doctor or the local health department about these or other inoculations for your child.

Protection Against Smallpox

Every child should be inoculated against smallpox. Even though there is no smallpox in the community, exposure from a new case may occur at any time.

The best age at which to have the baby vaccinated is between 3 and 12 months. If for some reason a child has not been vaccinated during the first year, he should be inoculated as soon as possible in his second year. Vaccination against smallpox is very simple and usually does not bother a baby or a young child.

Vaccination should be repeated when the child is 6 years old or sooner if an epidemic of smallpox occurs.

Protection Against Diphtheria

Every child should be inoculated against diphtheria. This is a very serious disease, which could be practically wiped out if everyone were immunized against it.

Since the natural immunity to diphtheria, which a baby may get from his

mother in the uterus, wears off after the first 6 months of life, he should be immunized against diphtheria around 8 to 9 months. If for some reason this has been postponed, it should be done as early as possible in the child's second year.

Plain diphtheria toxoid is given in a series of three injections, 3 to 6 weeks apart. Alum-precipitated toxoid, which is the toxoid recommended for babies and young children by many pediatricians, is given in a series of two or three injections, 2 to 3 months apart.

When the child is between 18 and 24 months old, the doctor will probably want to give him a Schick test, which will show whether the toxoid has protected him against diphtheria.

The vast majority of children will have become immune, so the Schick test will be negative. Occasionally a child will not have been protected, and so the Schick test will be positive. A child like this should be given one or two more injections of toxoid followed by a Schick test 6 months later.

The Schick test should be performed again at 6 years and at 12 years to make sure that the child is still immune.

Protection Against Whooping Cough

Many doctors now advise giving all babies a vaccine to prevent whooping cough, or pertussis. This disease can be very serious in an infant or young child because of the danger of pneumonia.

Some protection against pertussis is given by a series of three or four injections, 2 to 4 weeks apart. It is generally recommended that these be given at about 6 to 8 months, or as soon after this as possible.

Because a very high percentage of deaths from whooping cough occur in babies under 6 months of age, some

doctors advise whooping-cough vaccination at 3 to 4 months. If this plan is followed, your doctor may think it advisable to give additional injections later.

Protection Against Typhoid Fever

Not all children need to be vaccinated against typhoid fever as this disease is not common among children. If a case of typhoid fever breaks out in the neighborhood and the source of the infection is not immediately found and removed by the health department, it is probably wise to have everyone in the family vaccinated against typhoid fever. For children who are going to summer camps or who might have to travel in or to places where the purity of the water supply would be uncertain or where typhoid fever is known to occur rather often, typhoid vaccination would be advisable.

Typhoid vaccine is given in a series of three injections, 2 to 4 weeks apart.

Protection Against Tetanus

Tetanus (lockjaw), though rare, is a serious disease. Tetanus germs get into the body through wounds. They are carried in by dirt or pieces of clothing. Tetanus infection from scratches and surface cuts is rare, but deep wounds are always dangerous, especially those made by nails or splinters, or by firearms, firecrackers, or cap pistols.

Any dirty wound or puncture wound, as from a nail, or powder burn should be seen as soon as possible by a doctor. To prevent the development of tetanus, he will give tetanus antitoxin if it is needed.

In recent years another method of preventing tetanus has been found. This method consists in developing the child's resistance to tetanus in advance by inoculating him with tetanus toxoid. If later a wound occurs, another dose of

toxoid is given. The toxoid given after a wound occurs is effective, however, *only* if the child has had previous injections of toxoid. If toxoid has not been given before the wound occurs, the doctor will give antitoxin.

Tetanus toxoid is given in a series of two or three injections at intervals the length of which depends on the preparation used. Tetanus toxoid and diphtheria toxoid can be combined and given together in the same dose, thus making a total of three injections rather than six. Since it is easy to protect a child against tetanus in this way, many doctors recommend it.

Protection Against Rabies

Rabies is one of the most serious diseases a person can get. Almost no one recovers from it.

A child who is bitten by *any* dog should be seen at once by a doctor. The doctor will cauterize the bite and then decide whether or not Pasteur treatment is necessary. If the dog is suspected of being mad (having rabies) and the bite is severe or around the head, the doctor will want to start Pasteur treatment immediately without waiting to make sure that the dog is mad. If the bite is superficial or only a surface wound and is on a part of the body other than the head, or if the child has a cut which has been licked by the dog, the doctor can postpone treatment until it is found out whether or not the dog was mad.

A dog suspected of rabies should never be destroyed. The dog should be locked up and watched carefully for 2 weeks for signs of rabies. If it gets sick within that time, it should then be killed and its brain sent to a laboratory to prove whether or not it actually had rabies. If after 2 weeks the dog is still well, the danger of its developing rabies is over.

If a child has been started on Pasteur treatment and the dog does not develop rabies, the treatment can be stopped.

A child who is bitten by a stray dog that runs away and cannot be located should receive Pasteur treatment.

The Pasteur treatment consists in giving two injections of rabies vaccine daily for 7 days followed by one dose daily for 7 to 14 days.

Protection Against Scarlet Fever

Inoculation against scarlet fever is not recommended for all children. Nowadays scarlet fever is not nearly so common as it used to be and, when it does occur, the disease in children tends in most cases to be mild. For this reason widespread immunization against scarlet fever is not necessary.

When doctors recommend inoculation, however, they will warn parents that the scarlet-fever injections are liable to cause reactions such as fever, swelling of the arm, and general discomfort.

The injections are given in five doses at weekly intervals.

Modification of Measles

Measles can be serious for a child under 2 because there is danger that pneumonia will follow. For this rea-

son it is often wise to try to make an attack less severe by the use of blood serum from a person who has recovered from measles. If this serum, or if immune globulin, is given to a child within a few days after he has been exposed to a case of measles, the disease may be prevented or the attack may be made quite mild. If it is prevented altogether, the child will not be immune to a later exposure. If he has even a mild attack, however, he will usually develop a lasting immunity to measles.

Other Inoculations

There are other vaccines and sera, in addition to those already discussed, which some doctors occasionally advise. Some of these are cold vaccines, mumps serum, and dysentery serum. So far the value of these agents has not been satisfactorily established and they cannot be recommended for general use.

Still other immunizing agents, such as influenza vaccines, pneumonia vaccines, and measles vaccines, are being developed. It is not yet possible to know which of these will turn out to be of value in the prevention of disease.

A vaccine which seems to have definite protective value against tick-bite fever has been prepared by the United States Public Health Service.



The Sick Child

EVERY mother has the responsibility of deciding whether her child is sick and whether she should call the doctor. She therefore needs to know the signs of sickness in children. A change that is a sign of sickness may develop slowly over a long period, or it may seem to take place almost before the mother's eyes. If a child is being seen regularly by a doctor, the doctor will probably notice any slowly developing signs of disease before the child becomes sick. The sudden changes which usher in acute illnesses, however, are more likely to be noticed first by a child's mother.

Signs of fatigue, such as refusal to eat a meal, fussiness, or irritability, should disappear after a good night's sleep. But the child who habitually has little appetite for food, who is cranky, pale, tired, and underweight, is often a sick child. Sometimes these symptoms are the outcome of poor habit training, but more often they are not. It is especially important for any child who is constantly below par to be under a doctor's regular supervision.

SIGNS OF ACUTE ILLNESS

Most of the time the signs of acute illness in children are unmistakable. The child who suddenly develops a sore throat or fever or who vomits or has a

convulsion is sick and the mother knows it.

Sometimes, however, acute illness comes on less obviously. It is important, therefore, for the mother to be suspicious of illness if a child begins to look or behave differently from usual. A cheerful, active child who begins to be irritable and listless may well be coming down with a disease. Or a child who, for no apparent reason, begins to complain of vague aches and pains may have a real cause for his complaints which has not yet been found.

When uncertain about her child's health, a mother should have him examined by a doctor. She should not, when in doubt, try to decide what is the matter with her child or try to treat him without the help of her doctor.

The mother should pay particular attention to any of the following signs of illness in children:

1. *Fever.*—Flushed cheeks and hot dry skin. (For discussion of temperature, see pp. 124-125.)
2. *Irritability.*—Fussing and whining by a child who usually plays and is happy.
3. *Drowsiness.*—Wanting to sleep more than usual, especially at a time when he usually plays.

4. *Loss of appetite.*—Refusal of food by a child who usually eats well.
5. *Vomiting.*—May be after eating or taking liquid or may not. Notice whether vomiting is mild or forceful (projectile).
6. *Diarrhea.*—A sudden increase in the number of stools, especially if they are loose and watery. This may be an early sign of any infection or of a disease of the bowels. If pus, blood, or a large amount of mucus is in the stools, the doctor should be called.
7. *Runny nose.*—A runny nose in a child may be the beginning of a cold or of some other communicable disease, such as measles, influenza, or whooping cough.
8. *Cough.*—A cough in a child is more likely to be a sign of illness than in a grown person.
9. *Sore throat.*—May be associated with a cold or may be the beginning of another communicable disease, such as diphtheria or scarlet fever.
10. *Hoarseness.*—A huskiness in the voice, if accompanied by fever, may be the first sign of diphtheria. A doctor should be called at once.
11. *Pain.*—A child who complains of persistent pain in any part of the body should be seen by a doctor. Earache, severe headache, or pains in the stomach, abdomen, chest, or joints may indicate serious disease, infection, or injury.
12. *Convulsions.*—Convulsions, spasms, "fits," or twitching of the face or arms or legs may be an early sign of some serious disease in the child.
13. *Stiffness of the neck or back.*—May be associated with disease or irritation of the nervous system.
14. *Rash.*—A breaking out on the child's skin.

IF YOU THINK YOUR CHILD IS SICK

Many serious illnesses have mild beginnings. To be on the safe side, call the doctor as soon as you think your child is sick. Tell the doctor what is wrong with the child as exactly as you can and then listen carefully to what he tells you to do.

If your child has any of the 14 signs of illness listed, put him to bed and take his temperature. (See p. 124.) If his temperature is over 101°, call the doctor. It is especially urgent that a doctor be called immediately if he has any of these acute symptoms—convulsions, pain in the abdomen, or stiffness of the neck or back—or if he looks and acts genuinely ill.

BEFORE THE DOCTOR COMES

Until the doctor comes, there are a few things that it is wise to do for a sick child.

1. Put him to bed in a quiet, cool place where he can easily fall asleep.
2. Keep other children away from him.
3. If the child is vomiting or having diarrhea, stop all food but offer him small amounts of water frequently. If he continues to vomit, stop giving even water for awhile. At the end of 2 hours, try giving him a few sips of water, ginger ale, or sweetened weak tea. If the vomiting does not start up again, continue to give him water frequently.
4. If the child is neither vomiting nor having diarrhea, give him liquids—water, fruit juices, milk, or broth—as much as or as little as he wishes. *Never try to make a sick child eat.*
5. If he has a high fever and is restless, give him a cool sponge bath to make him more comfortable.

6. Take his temperature every 4 hours and keep a record of it on a piece of paper.
7. Save a sample of the child's urine for the doctor.
8. If the child has diarrhea, save a sample of his stool for the doctor.
9. Do not give medicine unless directed by the doctor.

CARE OF A SICK CHILD

Be calm and gentle with a sick child. It is natural for an anxious mother to feel worried over a child who is ill, especially when she is not sure what is wrong with him. But she should try not to let the child know that she is worried, because a sick child, just as much as a well child, needs to feel secure and in calm, capable, and loving hands. Throughout his illness he should feel the love and protection of his parents and when he begins to get well, he should be helped to take up his ordinary responsibilities gradually.

While caring for an ill child a mother should not neglect the other children and she should try not to show her anxiety over the illness to the extent that the rest of the family becomes upset.

See that the sick room is cool, quiet, well ventilated, and easily accessible to you. Keep other children out of the room and do not let them be exposed to the sick child or his discharges.

Protect the household from possible infection. Until the doctor is sure that the child has no communicable disease, keep his handkerchiefs, towels, washcloths, dishes, and toilet utensils separate and sterilize them with boiling water before washing them. Especially boil his handkerchiefs or, better still, use paper handkerchiefs or tissues which, after use, should be put into a paper bag and burned.

Keep a large apron or a smock in the sick room and wear it while taking

care of the child. Before leaving the room, take off the apron and hang it up inside the door. Be sure to change the apron every day.

Wash your hands well with soap and water after caring for the sick child. If the bathroom is not near the sick room, keep a basin of water and a cake of soap on a table just inside the door and wash your hands just before leaving the room.

Avoid spreading disease. One sick person in the family is enough. A sick child, even one who has a simple cold, should be kept in bed. Doctors say that rest in bed is the first principle of good medical treatment.

When a child is acutely ill, and especially when he has a high temperature, he is usually very good about staying in bed. He is drowsy and is likely to sleep off and on most of the time. He prefers not to be disturbed in any way and is not interested in toys or play. During this period the sick child should not be bothered by any unnecessary attention.

Beyond carrying out the doctor's orders, nothing should be done to him which might be disturbing.

The child who is getting well is, however, a wholly different matter. Many mothers find that keeping a convalescent child in bed is often hard to do. Children have such remarkable powers of recovery that, once over an acute illness, they soon feel fine and begin to clamor to get up before it is safe for them to be out of bed. Rather than attempting to nag a child into staying in bed, the wise mother tries to think up ways of keeping him amused.

For young children a new, cuddly animal or doll, large beads to string, or a toy telephone will often be quite satisfying. Older children will take to simple jigsaw puzzles, peg boards, or weaving games with great joy. A

never-ending source of delight for some children is to thumb through the pages of a mail-order catalogue.

A child who has had fever should be kept in bed at least 24 hours after his temperature has reached and stayed normal (98.6° to 99.6°). If he has had fever for more than 2 or 3 days, he should stay in bed for 2 or 3 days after his temperature has become normal. If this precaution is always taken, the serious after effects of many diseases can be avoided.

Cleanliness

Keep a sick child's body clean. Give him a warm sponge bath once or even twice a day. Take care that he is not chilled during the bath; he should not be completely uncovered unless the room is warm.

Elimination

If a sick child is not taking much food, his bowels may not move so frequently as usual. If there has been no bowel movement for 48 hours or if the child seems to have pain in the abdomen, an enema of warm water may be given. (See p. 125.) *Never give a laxative without a doctor's advice.* It is sometimes very dangerous to give a laxative, especially if there is pain or swelling of the abdomen.

If the child urinates less frequently than usual, more water should be given to him to drink unless he is vomiting.

Food and Water

A sick child seldom wants to eat as much as he does when he is well. Very often a sick child is unable to digest the amount of food he usually eats when he is well. If the child is vomiting or having diarrhea, it is best to stop all food for a time. The doctor should be consulted before starting food again.

In illnesses that do not upset the digestion the child may have a simple diet

containing foods such as milk, fruit juices, cereal, egg, toast, mashed vegetables, and simple desserts, unless the doctor orders a special diet.

A sick child needs water, especially if his temperature is high. Water should be offered to him as often as every hour that he is awake. Unless there is a digestive upset, fruit juices also may be given freely. If a child is vomiting, it is sometimes necessary to stop giving water for a time, but it should be started again in small amounts as soon as he can keep it down. Often a child can retain cracked ice or small amounts of ginger ale before he can keep water down.

Taking the Temperature

Every mother should learn how to take a child's temperature. It is a good idea to buy a thermometer and learn how to use it when the child is well. Then if he should get sick, the mother will be able to take his temperature with the least possible disturbance to him.

Buy a rectal thermometer. Ask the doctor, the druggist, or your public-health nurse to show you how to read it and how to shake down the mercury. Before taking the child's temperature, read the thermometer and be sure the mercury is well below the "normal" mark. Smear the bulb with petroleum jelly or cold cream. Place the child on his side or face in bed, and put the bulb end of the thermometer into the rectum and keep it there for 3 minutes by the clock. Keep the child quiet and hold his legs firmly so that the thermometer will not break. Do not leave the child nor let go of the thermometer while it is in the rectum. At the end of 3 minutes take the thermometer out and read it. Write down the child's temperature and the time of day it was taken.

Wipe off the thermometer, wash it thoroughly with *cold*, soapy water, rinse it, and put it away. Hot water will break it.

A child's temperature normally ranges from 98.6° to 99.6° F. If it is 101° F., or higher, the doctor should be told. A child is more likely than an adult to have fever when he is ill, and when he has fever, it is likely to be higher than that of an adult. A rise in temperature frequently accompanies even a slight upset. A regular daily rise in temperature, even if slight, is often just as important a symptom of disease as a higher temperature that lasts a short time. A child who is sick may have fever at any time of the day or night, but it is likely to be higher in the evening than in the morning. The temperature may be taken by mouth as soon as a child is old enough to learn not to bite the thermometer. It will be slightly lower than the rectal temperature.

Giving an Enema

For an enema, use a fountain or an ear-bulb syringe with a small tip. Prepare lukewarm (*never hot*), soapy water in a small pitcher, using a mild white soap. Cover the mattress with a waterproof sheet. Let the child lie on his back in bed with a bedpan under his buttocks. To fill a bulb syringe, put the tip of it into the pitcher of soapy water, squeeze the bulb while holding the tip under water; then release the bulb and the syringe will fill by suction. If a fountain syringe is used instead, pour 1 to 2 cupfuls of soapy water into the bag and hang it not more than 2 feet above the child's body.

Grease the tip of either syringe with petroleum jelly. Put the tip just inside the rectum and allow 1 to 2 cupfuls of water to run into the rectum; the amount used depends on the size of the child. If done gently and slowly, this causes the child little or no discomfort.

Never force a child to hold more water than he can take without discomfort.

When the water has been put in, take out the syringe tip and hold the buttocks together for a few minutes to keep the water in before allowing the child to expel it into the bedpan.

Occasionally the water does not come out. If this happens, do not worry. The water will do no harm.

If a mother has no bedpan or rubber sheet, she can protect the bed with layers of newspapers and put the child on a pot to expel the water.

Keeping a Record of the Child's Illness

Keep a record on paper of what happens when your child is sick. Write down a record of the temperature each time it is taken, the times he passes stools or urinates, the times he vomits, and anything else you think important. Such a record is a great help to the doctor.

CHILDREN'S DISEASES AND DISORDERS

Colds

Colds are contagious and all children should be kept away from anyone who has a cold. What is "only a cold" in an adult may develop into bronchitis or pneumonia in a young child. A cold sometimes causes earache and "running ear."

A child with a cold should be kept away from other children. A number of contagious diseases besides colds begin with sore throat or a runny nose, and any child with either of these symptoms should be put in a room by himself, away from other children.

Rest in bed is an essential part of the treatment of a cold. The room temperature should be kept even day and night, at 65° to 70° F., and the child should be protected from drafts.

Colds in the head cause difficulty in breathing. When the child's head is stuffed up or when he is coughing, it may be helpful to let him breathe air with steam in it. This may be done by placing him in a small room in which water is boiling or a bathroom with hot water running. Letting him breathe steamy air for 10 to 15 minutes three or four times a day will as a rule make him more comfortable. If this is done before eating, it may relieve the stuffed-up feeling in his head, so that he can take his food more easily. Of course, great care must be taken to avoid burning or scalding him.

The doctor may order some drops to be put into the child's nose with a medicine dropper, which will shrink the lining of the nose so that breathing will be easier. Do *not* put mineral oil or nose drops of any sort that are oily into the child's nose. Do not put any nose drops, or anything else, into a child's nose without the advice of the doctor.

If the child's nose is running, care must be taken to keep the skin under the nose from becoming inflamed. Try to keep the skin dry by wiping it with a soft, old handkerchief, or, better still, with a soft paper tissue which is to be thrown away after use. Sometimes a little cold cream smeared under the nose is helpful; it prevents the watery discharge from getting on the skin.

Teach children to cover the mouth and nose when coughing or sneezing and never to use another person's handkerchief.

Enlarged or Diseased Tonsils and Adenoids

The tonsils are small, soft masses of tissue lying on each side of the throat. Adenoids are similar but smaller masses lying in the back of the nasal passages. Some children's tonsils and adenoids may get so large that they interfere with breathing and even with swallowing.

Chronic infection in the tonsils and adenoids is often the cause of colds, sore throats, earaches, running ears, or swollen glands.

Tonsils which are merely enlarged should not be removed if they are not infected and do not interfere with breathing or swallowing. The same holds true for adenoids. Tonsils and adenoids that are frequently or chronically infected, however, need to be removed.

Unless the doctor advises it, do not consider having your child's tonsils or adenoids taken out. Many children never have to have this done.

Sore Throat

Some children, especially the younger ones, may have an inflamed throat without complaining about it. When a throat is inflamed, it is red and may be swollen. White spots or patches in the throat may mean an acute infection of some kind. This may be a simple tonsillitis, or a more serious condition, such as diphtheria or septic sore throat.

Whenever a child has fever or vomits or suddenly refuses food, look at his throat. If it looks inflamed or has patches on it, send for the doctor at once.

Swollen Glands

The glands that may become inflamed when children have colds or sore throats are small lumps of tissue just under the jaw on both sides of the neck. They often become swollen when a child has an infection in the mouth, nose, throat, or ears. Any swollen glands should be reported to the doctor.

Croup

There are two kinds of croup: The simple spasmodic type and the severe type, which is really laryngitis. Both kinds must be taken seriously, for it is often impossible at the beginning to tell

them apart. Simple spasmodic croup is not dangerous, but the other type is dangerous and requires a doctor's immediate care. Whenever a child's cry or voice becomes hoarse or weak and husky, a doctor should be called at once, so that he may treat him and give diphtheria antitoxin if the child has laryngitis which he thinks may be due to diphtheria.

Simple spasmodic croup.

An attack of simple spasmodic croup usually comes on suddenly between bedtime and midnight, when a child who went to bed apparently well wakes up with harsh, noisy breathing or a dry, barking cough and some difficulty in breathing. The cry and voice are usually strong but hoarse. The child may be frightened, and his fright increases the symptoms. Croup frequently occurs 2 or 3 nights in succession, and a child who has had one attack of croup is likely to have others.

Before the doctor comes, the child should be placed in an atmosphere filled with water vapor. Sometimes the child is placed in a steam tent, but the most convenient way of providing steam is placing him in a small warm room in which water is boiling or in a bathroom with hot water running. The doctor will advise the kind of treatment needed.

The day after the attack the child should be kept quiet in a warm room at even temperature, in bed, if necessary. For 2 or 3 days after an attack the child should not breathe very cold air; even the air in his sleeping room should be kept warm and moist.

Laryngitis

If a child who has had an attack of croup in the night is still hoarse the next morning, he probably has laryngitis—a condition sometimes due to diphtheria. It may accompany or fol-

low a sore throat. A child with this serious form of croup usually has hoarseness, loss of voice, and noisy, labored breathing and seems increasingly sick. He may become worse during the night. Exhaustion and weakness are very serious signs. He should be seen by a doctor as soon as possible.

If the child has been given diphtheria toxoid and if 6 months later the Schick test is negative (see pp. 117-118), he will probably have been protected from diphtheria.

Ear Disorders

An earache or a running ear usually develops during a cold or some other illness. Never try to treat a painful or discharging ear without a doctor's advice. Warm, wet compresses or a well-wrapped hot-water bag may relieve the pain.

Deafness, mastoiditis (inflammation of the mastoid bone), or even meningitis (see p. 130) may result from neglected ear infections.

Pneumonia

Pneumonia is a serious disease in a child. It may develop after a cold, measles, whooping cough, or other infection, or it may begin suddenly (primary or acute lobar pneumonia).

The usual symptoms of pneumonia are fever, cough, and rapid, difficult breathing. In very young children the only symptoms may be fever, very rapid breathing, and convulsions.

If pneumonia is suspected in a child, a doctor should be called at once. Early treatment with "sulfa" drugs or penicillin in pneumonia is truly lifesaving. These drugs, of course, are always given only under your doctor's order.

Influenza or "Grippe"

Epidemic influenza may be very serious in a child, although usually less so than in adults. Between epidemics the

disease may be very mild or it may be severe.

The early symptoms of influenza are somewhat like those of a common cold. High fever, vague pains, and marked weakness help to distinguish influenza from a cold.

Pneumonia is the most common and serious complication of influenza. For this reason a child who develops influenza or "grippe" should be seen by a doctor.

Chickenpox

Chickenpox is seldom serious, and complications are rare. It is an entirely different disease from smallpox. It is easily spread to a healthy person by contact with material from a skin eruption or from sores in the nose and mouth of someone with the disease. About 2 weeks pass between contact and appearance of the disease.

The first symptoms may be fever followed by an eruption within 24 to 36 hours, but often there is no sign of the disease until the rash appears. The rash begins as small red spots, which become small blisters—first filled with clear fluid and later with pus. Some children have only two or three spots altogether but usually crops of these come out over a period of 3 to 4 days. As they burst, scabs form. The rash itches, but scratching tends to produce scars and should be prevented. A paste of baking soda and water will give some relief from the itching. Mitts worn at night may help to prevent excessive scratching.

Diphtheria

Diphtheria is spread when the discharges from the nose and throat of a person who has the disease or is a carrier of the disease reach the nose or throat of a well person. Sometimes infected throat discharges get into a milk supply; such milk is a source of infec-

tion to all who drink it. It takes 2 to 5 days after exposure for the disease to develop. The first symptoms are sore throat, hoarseness, croup, and fever. A grayish membrane may develop in the throat. The fever is usually not high and generally the child looks much sicker than his temperature would indicate. Headache and vomiting may be present.

A doctor should always be called if diphtheria is suspected, because the earlier antitoxin is given, the more effective it is. Diphtheria is a serious disease, and complications are frequent and serious if treatment is delayed.

Diphtheria can be prevented by injections of toxoid in infancy. Every child should be given these injections, beginning at 9 months (see pp. 117-118).

Very few persons get diphtheria more than once.

Measles

Measles is a more serious disease in young children than in older children. Measles is very contagious. It is spread by discharges from the nose and mouth of an infected person that reach the nose and mouth of the well child. The disease usually develops 10 to 14 days after exposure, although measles has been known to develop in as short a time as 7 days after exposure, or as long as 21 days. Early symptoms are fever, cough, watery eyes, runny nose, and general fatigue. The rash, which is red, irregular, and bumpy, appears 3 to 4 days after the beginning of the symptoms—first around the neck and ears, then on the rest of the body, including the face. Small, bluish spots (Koplik's spots) occur on the inside of the lips and cheeks before the rash appears. The disease can be given to others from the time the first symptoms appear until about a week after the appearance of the rash.

Complications such as ear infection and pneumonia develop in some children after measles. Much can be done to prevent these complications by following the doctor's advice carefully and keeping the child in bed long enough.

If a mother knows that her child has been exposed to measles, she should take him to a doctor. The doctor may give the child an injection of convalescent measles serum or immune globulin that will tend to make the attack of the disease mild.

One attack of measles usually makes the child resistant to later attacks. Some people, however, have measles more than once.

German Measles

German, or "3-day," measles is not a serious disease. Complications following it are rare. It is, however, very contagious.

The rash, which may look like either a measles or a scarlet-fever rash (except that it is usually less red), appears within the first 24 to 36 hours of illness. The rash is often the first, and may be the only, sign of illness. The glands at the base of the skull, however, are generally enlarged.

There is no specific treatment for German measles, but a doctor should see the child to make sure that the diagnosis is correct.

Roseola Infantum

This disease, which is sometimes called "4-day fever," is a condition which usually affects children under 3 years of age. The onset is usually abrupt and the child may seem quite ill. There is usually high fever, 104° or over, and there may be convulsions, dizziness, or vomiting.

The fever, which is the outstanding symptom of the disease, usually lasts for 3 days and falls abruptly on the

fourth. It is followed within a short time by a rash resembling measles, which appears first on the neck and trunk and later spreads to the arms and legs. Commonly the only noticeable signs of roseola are fever and the rash that follows. Though the illness is often severe enough to cause parents alarm, it is usually not a serious disease, for almost all children recover from it.

Mumps

Mumps is not a serious disease. It can, however, have serious complications, which fortunately are rare.

The symptoms of mumps are fever and pain and swelling of the gland (parotid) just below and in front of the ear on one or both sides. There may also be pain on chewing and swallowing.

A doctor should be called to see a child suspected of mumps to decide whether the child has this disease or swollen glands, as the treatment of the two diseases is not the same.

Whooping Cough

Whooping cough is a more serious disease in infancy than in later childhood. It is spread by discharges from the throat of a person sick with the disease. Whooping cough begins slowly and gradually. It starts with a cough like the one that accompanies many common colds. This cough usually lasts about 2 weeks before the whooping begins. Whooping cough is contagious during this early period before the appearance of the whoop. Since the diagnosis is difficult during this stage, often the disease is not recognized, and many children spread the infection before it is known that they have it. If there is whooping cough in the neighborhood, a mother should be on the alert for the development of even a slight cough in her child. Of course,

anyone with a cough should never be allowed to be near a child.

Prevention of whooping cough by inoculation is recommended by some doctors. (See pp. 117-118.) This method does not always prevent the disease, but as a rule if the disease develops after a child has been inoculated against it, the attack is mild.

If a mother has any reason to suspect that her child has whooping cough she should call the doctor.

Scarlet Fever

Scarlet fever may be either mild or quite severe. Whether mild or severe, it is contagious for other children. It is spread by discharges or droplets from the nose and throat of an infected person or carrier. It can also be spread by milk which has been contaminated with the discharge or germs from an infected person or carrier.

The first symptoms of scarlet fever appear 2 to 7 days after exposure to the disease. The disease usually begins suddenly with nausea, vomiting, fever, and sore throat followed by the rash, which generally appears on the second or third day. The rash comes out first on the neck and chest, spreads over the entire body, except the face and scalp, and consists of pin-point red spots on a reddish background.

A doctor should be called at once if a child is suspected of having scarlet fever. The doctor will know how to treat the child to help prevent serious complications. He will also take measures to safeguard the other members of the family and the community from the spread of the disease. "Sulfa" drugs, convalescent serum, and scarlet-fever antitoxin are given in certain cases.

Poliomyelitis (Infantile Paralysis)

Of the children who get infantile paralysis, or poliomyelitis, only 10 to 50 percent become paralyzed in the

acute stage of the disease. Fortunately, the number of those seriously or permanently crippled is small and recovery from paralysis is possible up to a year or so after the attack. Very few persons get infantile paralysis more than once.

The early symptoms of the disease are moderate fever, headache, occasional vomiting, drowsiness, and fretfulness, and some stiffness or pain in the back or the back of the neck. Paralysis follows a few hours to a few days later. Occasionally paralysis appears without any previous symptoms.

A doctor should be called at once if these symptoms appear and infantile paralysis is suspected in a child. There is no specific treatment for the disease, but proper medical and good nursing care in the early stages are highly important.

Meningitis

Meningitis is a very serious infectious disease. It can be caused by many germs, but the germ that causes most epidemics of so-called spinal meningitis is the meningococcus. The early symptoms of meningitis are abrupt onset of fever, headache, vomiting, and stiffness of the neck. Vomiting tends to be forceful (projectile). Sore throat may be present and there may be a rash.

It is imperative that a doctor be called immediately if a child shows these symptoms, because the earlier treatment is begun the greater the chance for recovery. Not all varieties of meningitis can be cured, but there are new methods of treatment that have made this disease far less to be feared than it once was.

Vaginitis

Vaginal discharge may occur in little girls. It may follow an acute infection or be due to lack of cleanliness.

It may, however, also be due to gonococcus infection, which is contagious and is a serious condition. Any child with a vaginal discharge should be examined by a doctor. In particular, the discharge should be examined to determine whether it is the result of a gonococcus infection. If promptly and thoroughly treated, this disease can be completely cured by the newer methods of treatment.

The mother or nurse caring for a child with gonococcus infection should scrub her hands thoroughly with hot water and soap every time she has handled the child. Every article of soiled clothing and bedding used by the child should be boiled. The entire bath equipment should be strictly separated from that used by any other persons.

Rheumatic Fever

Rheumatic fever is a disease which usually begins in childhood. It most commonly occurs in the school-age child, but it appears often enough in the preschool child to warrant a discussion in this bulletin. It tends to come back again and again. The cause of it is not known, but infections with the streptococcus often lead to repeated attacks of rheumatic fever.

The early symptoms of rheumatic fever tend to be like the early symptoms of many other diseases of childhood—loss of appetite, failure to gain weight, rapid pulse, and pain (often vague and fleeting) in joints and muscles. Pain and swelling of first one joint and then another, usually with high fever, are more definite signs of rheumatic infection.

Chorea, popularly known as St. Vitus' dance, is another form of rheumatic fever. Awkward, jerky movements of the face, arms, and legs—noticeable when the child tries to feed himself, dress himself, or pick up

objects—and unexplained crying spells are symptoms that may mean the child has chorea.

If a child develops symptoms which suggest rheumatic fever, a doctor should be consulted at once.

After an attack of rheumatic fever a child may be left with some scarring of the heart, which is known as rheumatic heart disease. Rheumatic heart disease does not usually prevent a child from leading a normal life. Contrary to a rather widespread belief, children with rheumatic heart disease do not "drop dead." This mistaken idea has arisen from a popular confusion between heart disease of the rheumatic type in children and heart disease of an entirely different nature in adults.

It is important to find out whether a child has rheumatic heart disease, because if he has, he is likely to have another attack of rheumatic fever, and measures should be taken to prevent this. The diagnosis of rheumatic heart disease cannot usually be made by physical examination alone, since a large number of perfectly normal children have "heart murmurs." In order to decide whether a murmur indicates heart disease or not, the doctor will want a complete medical history, a complete physical examination, and laboratory examinations, such as X-ray, fluoroscopic examination, and electrocardiogram.

Tuberculosis

Tuberculosis in early childhood may affect almost any part of the body. It may affect the lungs, but it most commonly affects the glands—especially those inside the chest and abdomen—and the joints and bones. Tuberculosis may also cause inflammation of the lining of the chest (pleurisy), the covering of the brain (meningitis), the lining of the abdomen (peritonitis), the membranes of the eye (conjunctivitis), and the skin.

Tuberculosis is acquired most often by contact with someone who has it, by drinking raw milk from tuberculous cows, or by eating milk products made from such raw milk.

Some of the symptoms common to all types of tuberculosis are: Loss in weight or failure to gain weight, unexplained fever, enlarged glands, pallor, and fatigue. Unlike adults, children with tuberculosis rarely have a cough as a symptom of the disease.

A child should never live in the same household with anyone who has tuberculosis. All children who have come in contact with such a person should be examined by a doctor and have a tuberculin test. Those with positive tuberculin reactions should also have an X-ray of the chest; those with negative reactions should have the test repeated every year. If this is not possible, tests every 3 years beginning at the age of 3 and continued to the age of 18 are advisable.

Young children who get tuberculosis have a good chance for recovery, provided the diagnosis of the disease is made early. For this reason, if a child has any of the symptoms of tuberculosis listed or if he has been in contact with a person known or suspected to have tuberculosis, he should be taken to a doctor at once for thorough examination, X-rays, and testing.

Eye Disorders

Red or inflamed eyes with watery discharge may be due to inflammation or irritation, to a cinder or dust, or to hay fever. (See pp. 133-134.)

It is a safe temporary measure for the mother to apply either warm or cold wet compresses in order to relieve swelling and discomfort.

Any speck of dirt that is not washed out soon by the watering of the eye should be removed by a doctor. Any

injury of the delicate membranes of the eye is a serious matter.

Discharge of pus from the eyes is a sign of infection, which may be very contagious. Eye infections, if neglected, may lead to permanent injury and blindness. Painful or discharging eyes should be treated by a doctor.

If the child has a squint or if his eyes do not focus properly, a doctor should be consulted with regard to exercise for the eye muscles or other treatment. It has been found in recent times that, in certain cases, operation on eye muscles in early childhood is the best way to remedy these defects.

Eyestrain may show itself by redness of the eyelids, by blinking, or by general irritability. Even very young children occasionally need to be fitted with glasses. Poor sight may be unnoticed by parents, and some children who are thought to be dull or clumsy may have serious eye defects. The possibility of poor vision should be considered if a child has these symptoms.

Anemia

Anemia is a condition in which the child's blood has less red coloring matter than it has under normal conditions. If a child looks pale, the doctor should be consulted; he will probably make a test of the blood to find out whether the child has anemia.

There are several reasons why a child may have anemia.

1. He may have had a severe illness in which some of his blood was used up. A general building up after the illness will cure this type of anemia.

2. He may have had a wound that bled a great deal. If the loss has been very great, it may be necessary to give him a transfusion of someone else's blood. If the loss has not been too great, he will recover from the anemia without a transfusion.

3. He may have a serious disease which is destroying the blood. Such a disease, however, is rare among children.

4. His diet may be lacking in iron. Iron is necessary to make the red coloring matter of blood. Foods that supply iron are red meat, especially liver, kidney, and heart, egg yolk, green, leafy vegetables, whole-grain cereals, and molasses.

Vomiting

Vomiting may be caused by indigestion, by fatigue, or by overexcitement; it may be the sign of some general bodily disturbance or infection; it may be due to some inflammation or stoppage of the digestive tract, or, rarely, to eating some food to which the child is sensitive. It may be the first sign of a communicable disease. If a child vomits more than once, he should be put to bed. If he seems sick or feverish or if the vomiting continues, the doctor should be sent for, because the loss of body fluids from persistent vomiting, especially when accompanied by diarrhea, may rapidly reduce a child to a critical condition.

A child who has eaten heavily when he was tired, or when he was crying, angry, frightened, or overexcited, may be unable to digest his food, and vomiting is the body's way of getting rid of this undigested material. Such vomiting is not serious, for once the stomach is empty, the trouble is usually over.

Occasionally vomiting becomes a habit. This may result from such a condition as whooping cough, or it may start with no obvious cause. Such habitual vomiting is difficult to handle and should, therefore, be treated by a physician.

Constipation

When a child whose bowels are usually regular goes for a day with no

movement or with a very small, hard movement, nothing need be done unless he seems sick. He will probably have a large movement the next day.

If a child has pain in the abdomen, nausea, or vomiting and also constipation, this combination of symptoms may point to a serious condition. A small enema may be given but *never* any medicine or laxative of any kind. If relief is not prompt, a doctor should be called at once.

Children who are on a good diet, drink plenty of water, and have good, regular health habits rarely become constipated. If your child should be constipated often, consult your doctor.

Diarrhea

Diarrhea, or frequent loose movements of the bowels, may be a symptom of intestinal infection, of some general infection, or of irritation caused by spoiled or indigestible food. Diarrhea due to intestinal infection, or dysentery, is usually accompanied by fever, and blood, mucus, or pus is often found in the stools. Rest in bed with plenty of drinking water but no food for 12 to 24 hours is the safest treatment until the doctor is reached. When a child has diarrhea, it is not wise to give any medicine, not even mineral oil, without a doctor's orders. A doctor should always be called because severe diarrhea can be very serious in a child.

Asthma, Hay Fever, and Hives

Certain children when exposed to substances to which they are sensitive develop symptoms such as asthma, hay fever, or hives.

Asthma is a condition in which the child has such difficulty in breathing that he wheezes. Asthma may be very mild, but sometimes it is so severe that the child is unable to lie down and must sleep propped up or in a chair. There is usually a severe cough with

an asthmatic attack, but unless infection is present also, there is seldom any fever. Asthma may result from eating some food to which the child is sensitive, as egg, or it may result from contact with some fine substance which he breathes in, as house dust, feathers, or animal hair. Sometimes asthma is associated with colds or other infections.

Hay fever is characterized by sneezing, itching eyes, and swelling of the membranes of the nose. It can be produced by any of the substances which cause asthma but is more commonly caused by pollen of weeds and grasses.

Hives are itching, raised areas on the skin which look like large mosquito bites. They come out quickly and often disappear quickly and are most commonly due to some food to which the child is sensitive.

A child with any form of chronic allergy (sensitiveness to certain foods, pollens, and so forth) should be under the care of a physician, who by means of tests, trial diets, or changes in the home, will try to find out what the child is sensitive to. Each case is different and needs to be treated individually. In some cases it is not difficult to find the offending substance and remove it so that he has complete relief. In other cases the child is sensitive to so many things that the particular offenders cannot be found. If the child has severe and repeated attacks, it may be worth while to go to great effort to find and remove the cause. If it is necessary to deprive a child of any article of food, however, a satisfactory substitute should be found. No child should be deprived of the essential foods for growth. It should be remembered that allergic conditions are seldom fatal and that many children outgrow them.

Children who have received sera (usually horse serum) as a treatment or prevention of disease may become sensitive

to substances in them so that if they are given the same kind of serum again they develop symptoms of asthma, hay fever, or hives. If it is necessary for your child to receive a serum, do not forget to tell the doctor about any injection that he has had before. The usual materials used for routine injection to prevent diphtheria and whooping cough do not contain horse serum.

Malnutrition

Malnutrition may be a symptom of chronic ill health. It may be due to chronic infection or disease, poorly planned or inadequate diet, poor eating habits, poor sleeping habits, poor balance between rest and exercise, insufficient sunshine and outdoor life, or a combination of these things.

A malnourished child is often pale, thin, and easily fatigued. His posture may be poor and he may be flabby and listless.

The care of such a child should be under the constant direction of a physician, who will advise about treatment after investigating the causes of the child's ill health and work out the needed changes in his habits of living, sleeping, and eating.

Nervousness

Most people think of nerves as causing and controlling feeling, so that when a child shows an unusual amount of feeling or emotion his parents usually call him "nervous." Then, too, if a child is unduly restless or overactive, he is likely to be considered "nervous."

Most parents are inclined to think of "nervousness" as being caused chiefly by physical conditions such as malnutrition, fatigue, or inherited make-up. It is true that any of these can affect a child's way of feeling and behaving. We all know that we are more grouchy when we are tired or hungry. On the

other hand, one frequent cause of "nervousness" is often overlooked, and that is—fear. A child can be afraid without showing it in an obvious way.

All children have fears and worries, many of which may seem silly to us but are very real to them. Probably the most common single important fear children have is fear of not being loved by their parents. Parents—some intentionally, others unintentionally—teach children to believe that they are "bad" if they do not always behave "nicely," think only "good" thoughts, and have only "kindly" feelings toward others, particularly toward their parents and brothers and sisters, although it is often more difficult to have only kindly thoughts about the people one associates with closely than about strangers.

Little children develop a great many feelings about the grown-ups who live with them and train them. In order to help children learn to cope with the many difficult and unpleasant things that are expected of them, we must give them time, patience, and reassuring affection. Without these, children cannot feel secure in their parents' love for them and safe in the strange, changing world about them.

Children who are brought up too strictly and are made to feel that they have failed or are "bad," cannot help feeling resentment. That is natural. Yet we often make them feel ashamed of this natural feeling.

The parent who understands the natural wishes and abilities of small children will not expect too much of them nor make them feel too guilty for their small misdeeds. Of course, some children are more quick to feel guilty or to get their feelings hurt than others are, some anger more quickly, some more easily become restless and overactive.

Finding the cause of "nervousness" sometimes requires considerable study.

A persistently nervous child should certainly have a careful medical examination. If your physician thinks the child's condition cannot be accounted for on a purely physical basis, ask his advice about consulting a child-guidance clinic, if one is available. Specialists in child-guidance clinics study and treat nervous children. These clinics exist in most large cities and some State health or welfare departments supply such service through traveling clinics. If you are unable to locate a child-guidance clinic, write to your State health department or the Children's Bureau for information as to the service nearest you.

Twitching and Other Habit Spasms

Twitching of the face, blinking of the eyes, making faces, and other odd repeated movements are called habit spasms or tics. They may be signs of general fatigue or, occasionally, of some physical irritation, but more frequently they indicate the inability of the child to adjust himself to some emotional or nervous strain of which neither child nor parent is aware. Stuttering and stammering are habit spasms, occasionally due to imitation but usually to some nervous strain. When a child shows symptoms of this type, he should be taken to a doctor. If the underlying cause is to be found, it is important to discuss with the doctor the problems of the family life as well as the child's routine.

Convulsions

Convulsions, or spasms, are seen in many conditions in childhood. Young children frequently have convulsions at the beginning of an acute illness, much as an older person may have a chill. Other causes are inflammation of the brain (encephalitis) or of the brain

covering (meningitis), epilepsy, or certain types of poisoning. During the second year of life, as well as in infancy, convulsions may occur with tetany, a condition associated with rickets. However, children frequently have convulsions that have no connection with serious disease. In fact, some children have convulsions almost every time they run a high fever.

During a convulsion a child usually loses consciousness, rolls his eyes up or to one side, and stiffens out; arms and legs and sometimes face and head twitch violently. Often he holds his breath and turns blue. It is well to remember that a child rarely dies in a convulsion.

A convulsion often has to be treated before a doctor can be reached.

When a child has a convulsion, protect him from injury and prevent him from biting his tongue by holding a wooden spoon or a clothespin between his teeth. Most convulsions are accompanied by high fever, so it is best to keep a child cool during convulsions. A cool cloth on the face and a cool sponge bath (around 90° F.) will help to reduce the fever if it seems very high.

Since a convulsion is always a symptom of some abnormal condition, a doctor's advice should be sought to discover and treat the underlying illness even if relief is obtained by home remedies.

Backwardness and Mental Deficiency

A child who does not learn to walk, to talk, to feed himself, or to take care of himself at about the usual age should be taken to a doctor for examination. Such backwardness may be due to deafness, poor vision, blindness, chronic infection, or, in certain rare instances, to defective action of certain glands of the body (in which case the child may often

be greatly benefited by treatment); or it may be due to defect in the development of the brain or injury to it at birth.

The child can often be greatly benefited by special training and education, and parents need help to know how best to guide him to his fullest development. However hard it may be to face the fact that their child is backward, facing the truth is the parents' first step in helping the child. They should not expect him to learn quickly, but little by little they can teach him patiently what he is able to learn. If, when he reaches school age, he is unable to do ordinary school work, he should have the benefit of the special training that is provided for such children in many communities.

It is no kindness to a child to pretend his disability does not exist. When a child is crippled physically, we do not hesitate to send him to a school for crippled children. When a child is crippled mentally, we should take just as great pains to see that his needs are met. It is unjust to him to expect him to live up to the demands made on normal children, and no amount of pity and sympathy is going to remedy the situation. He is not going to "grow out of it," and we shall only be making the situation more tragic by shutting our eyes to it. Institutional care is sometimes advisable and may be best not only for the child but also for the family.

Kidney Disease

Kidney disease in children may take several forms. The two most common of these are acute nephritis and pyelitis.

Acute nephritis is an inflammation of the kidneys, which may follow a sore throat, scarlet fever, or other infection. Occasionally, however, acute nephritis may appear in a child who previously has seemed well. The urine is usually scanty and dark-colored and it may be

slightly or even quite bloody. The child may not seem very sick; but as the disease can be serious, a doctor should be called if a child shows these symptoms.

Pyelitis is an infection of the kidneys in which pus is present in the urine. The symptoms of this disease are often vague. The child may have fever or headache and seem sick but complain of no pain, or he may have to urinate frequently and complain of pain on urination. Pyelitis is more common among little girls than among little boys.

Since neither of these diseases can be diagnosed without examination of the child's urine, the mother should always save a sample for the doctor whenever a child is sick.

The doctor may try sulfa drugs in treating these diseases, as they have been of benefit in many cases.

Diabetes Mellitus

Children, as well as adults, may suffer from diabetes mellitus. In this disease the body is unable to use the sugars and starches of the diet, and sugar is excreted in the urine. Formerly it was almost always fatal in childhood. Now with the use of insulin and diets carefully prescribed by a doctor, the disease may be so controlled that a child can continue to grow and live a normal and happy life.

If a child begins to drink unusually large amounts of water, urinates frequently in very large amounts, or has a very hearty appetite and yet loses weight, take him to the doctor at once, as these may be the early symptoms of diabetes. Carry a specimen of urine with you for examination.

Appendicitis

Acute appendicitis is not especially common in children under 6, but it can occur at any age.

If appendicitis is diagnosed promptly

and operation is performed early, complete recovery is the rule. It is only when the condition is not diagnosed early enough and operation is delayed that appendicitis becomes dangerous.

The early symptoms of appendicitis are nausea, fever, which may be only slight, pain in the abdomen, and sometimes vomiting. The pain may seem to be in the region of the stomach or it may be in the right side (rarely the left side). A child with these symptoms should be seen by a doctor immediately. Any child with persistent abdominal pain which lasts more than a short time, even in the absence of other symptoms, should be seen by a doctor. A laxative should never be given to a child with abdominal pain.

Skin Diseases

The common skin eruptions of early childhood are :

Impetigo contagiosa.—A very contagious skin disease appearing as blisters which become yellow, crusted sores, most often on the face and hands, spreading from one part of the skin to another and from one child to another.

Scabies or itch.—A contagious, itching skin eruption occurring on the body and hands and feet, which spreads by contact from one person to another.

Ringworm.—A contagious skin eruption, which appears as a red patch, healing in the center and spreading at the edges. It may itch. It frequently affects the scalp and in time tends to make the hair break off.

Boils and pimples.—Small abscesses in the skin. These may be spread by scratching or rubbing, so that often several may appear in succession. Any inflamed place on the skin should be kept clean and should never be picked or squeezed.

Eczema.—An itching eruption which occurs on the face or the body, es-

pecially on the cheeks and in the folds in front of the elbows and behind the knees. It is not catching.

Any one of these conditions should be cared for under the direction of a doctor.

Clothing, bedding, towels, and other things that have been used by anyone with a contagious skin eruption should be boiled or thoroughly sunned before being used again, as reinfections often occur through such articles.

Worms

The common worms seen in childhood are roundworms, which are as large as the ordinary earthworm and easy to recognize, and pinworms, which are white, threadlike, and less than $\frac{1}{2}$ inch long. They may be seen whipping about in a freshly passed stool. Worm medicines must *never* be given without a doctor's advice. If they are powerful enough to kill worms, they may easily harm a child unless given in just the right dose and under the proper conditions.

In getting rid of worms, the importance of cleanliness cannot be emphasized too much. Since, even with worm medicine, children can reinfect themselves by scratching, it is absolutely necessary to keep their hands clean and their nails short. At night they should wear cotton night drawers and cotton gloves. To prevent spreading worms to the other children, all clothing and bed clothing of the child who has them should be kept separate and boiled before being washed. It is especially important to scrub and sterilize the toilet seat frequently.

Many mothers have the mistaken idea that any child who is nervous, picks at his nose, or grinds his teeth at night has worms. Worms are rarely the cause of such symptoms.

In regions of the country where hookworms are common, if a child shows any symptoms of this disease (paleness, retarded growth, digestive upsets, and itching feet), examinations of his stool should be made. If worms or eggs are found, treatment should be given at once by a physician. (See p. 142 for prevention of hookworm.)

Lice (Pediculosis)

Head lice are sometimes found on a child's scalp and hair. The bites of these insects may cause itching. Sores may result, and the glands at the back of the neck may become swollen.

Ten percent DDT powder (in 90 percent inert talc) should be dusted into the hair and scalp, care being taken to keep the powder out of the eyes by protecting them with gauze squares. The entire head should be wrapped in a scarf or clean towel. After several hours, preferably at bedtime, the scarf should be removed. The next morning the hair should be carefully combed with a fine-tooth comb to get rid of the nits and dead lice. On the seventh day following treatment, the hair should be washed with soap and warm water and allowed to dry, after which the DDT powder should be reapplied in the same manner as before. On the fourteenth day the hair should be given a final shampoo. Although two courses of treatment are usually sufficient, it may be necessary to repeat this treatment. Other children or people in the family may reinfect one another, so that all heads should be carefully examined and treated if nits or lice are found. Brushes and combs should be thoroughly cleaned by scrubbing with soap and water and boiling after they are used for treatment. Any hat that has been worn by a child with lice should be sterilized by spraying with 5 percent DDT solution.

Emergencies

ALL BUT very minor cuts, burns, and other injuries should be treated by a doctor, in the home, office, or hospital. If you have taken a course in first aid, put into practice what you

have been taught. Remember, however, that first aid is only *first* aid. In all but very slight injuries or minor accidents, have your child seen by a doctor at the earliest possible moment.

Cuts

DO

1. If small, wash out well with soap and water and apply sterile bandage, or clean, freshly ironed piece of cloth.
2. If large, cover with sterile gauze, press gauze firmly over wound to control bleeding, and hold in place until the doctor comes.

DON'T

1. If small, don't use strong antiseptics. Fresh tincture of iodine (half strength) or alcohol may be used if desired. Soap and water is an excellent antiseptic.
2. If large, don't do anything except cover with sterile gauze, control bleeding, and let the doctor do the rest.

Puncture Wounds

1. If not bleeding freely, try to encourage bleeding by pressing again and again just above wound, and, in the case of a finger or toe, by squeezing or "milking" it.
2. Be sure to ask the doctor in every case if he thinks tetanus antitoxin advisable.

1. Don't ever try to close a puncture wound with bandage, adhesive, or anything else. A sterile gauze pad may be placed loosely over wound until the doctor comes.
2. Don't forget to tell the doctor if your child has had any kind of serum before.

Bleeding

1. If from a blood vessel in the arm or leg, apply pressure to the proper pressure point. If pressure points are not known, apply a tight band or tourniquet to the upper arm or upper leg, as the case may be. Get the doctor immediately.
2. If from some other part of the body, place thick sterile gauze pad or clean towel over bleeding point and apply strong pressure. Get the doctor immediately.

1. Never leave a tourniquet or band in place longer than 15 minutes at a time. After 15 minutes, remove for 2 minutes and then replace tourniquet, if necessary.

Burns

1. If mild, apply simple nonoily burn ointment or paste made of baking soda and water on a clean, freshly ironed cloth.
2. If severe and widespread, wrap child in clean sheet first, then blankets, and take to hospital or doctor.

1. Don't use oil or oily substances on any burn. Do not use absorbent cotton.
2. Never underestimate a burn. Especially never underestimate sunburn. If skin is at all blistered, it is a second-degree burn and should be treated by a doctor.

Broken Limbs

DO

1. To prevent movement of the part apply a home-made splint. The simplest method is to splint the part with a pillow. To apply, slide a large pillow under the limb, making sure that pillow is long enough to include the joint at each end of the broken bone. Then fold sides of pillow up over limb and make firm by tying strips of cloth or bandage around the pillow at 3- to 4-inch intervals.
2. If bone fragment has broken through skin, cover bone and wound with sterile gauze dressing. Apply pillow splint and take the child to the doctor immediately.

DON'T

1. Don't let child walk on leg or use arm if fracture is suspected.
2. Never apply a splint or bandage tightly. To allow for swelling of the part, provide plenty of padding between limb and splint.
3. Never try to "set" a compound fracture (one in which bone is exposed) and do not apply antiseptics or try to do anything to the wound. Simply cover it with a sterile dressing and let the doctor do the rest.

Poisoning

1. Bring about repeated vomiting by giving large amounts of warm soapsuds.
2. If vomiting does not occur after 3 to 4 glassfuls of soapsuds have been taken, cause vomiting by tickling the back of throat with finger. Then give more soapsuds and do the same thing again. Keep on until the fluid that is vomited is as clean as it was when swallowed. Get the child to hospital or doctor immediately.

1. Above all, don't lose your head.
2. Never waste precious time trying to look up the proper antidote for a particular poison. If you can bring about vomiting quickly, you will greatly reduce the danger. The doctor will give the proper antidote.

Convulsions

1. Be calm. Convulsions seem very terrifying but they, of themselves, are not fatal. Call a doctor immediately and in the meantime try to keep the child from hurting himself. Prevent him from biting his tongue by holding a wooden spoon or clothespin between his teeth. If convulsions are accompanied by high fever, give the child a cool sponge bath.

1. Don't keep calling the doctor. Give your attention to the child in order to prevent him from injuring himself. Very often convulsions stop of their own accord, but, if not, the doctor will do what is necessary.

Choking on an Object

1. Pick the child up by the feet, hold him head downward, and slap his back sharply. If the object does not come out, get the child to hospital or doctor immediately.

1. Don't waste time trying to reach the object with your hand. Nine times out of ten it is out of reach and even if not, up-ending the child is a much faster way to get the object out of the child's throat.

Dog Bite

1. Hold the wound under running water and wash it thoroughly. Dry it with clean gauze and cover it with gauze dressing. Since the doctor will probably want to cauterize the wound, do not use antiseptics before he arrives. The doctor will decide whether or not Pasteur treatment is to be given.

1. Don't let a well-meaning person shoot the dog. The dog should be caught and kept under observation, to find out whether or not it has rabies.

Nosebleed

DO

1. Apply cold, wet cloths over the child's nose and the back of his neck. If this is not effective, pack his nostrils with strips of gauze or bandage, being sure that at least an inch of the pack is left hanging outside the nose. If bleeding still continues, call a doctor.

DON'T

1. Never put a child's head in such a position that the blood will back up and go down his throat and thus not be seen.

Pain in the Abdomen

1. If the pain is mild or definitely associated with something eaten or drunk, give an enema.
2. In a case of this kind if relief is not obtained shortly, and in all other cases of abdominal pain, have the child seen by a doctor at once. Abdominal pain in children not only may mean appendicitis, but is a very frequent symptom of other serious illnesses or diseases.

1. Never give a laxative to anyone having abdominal pain. Giving a laxative may cause the appendix to rupture.
 2. Give nothing by mouth but water until the child is seen by the doctor.
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TABLE OF COMMUNICABLE DISEASES

Disease	How long from exposure to onset (incubation period)	How long communicable (isolation period)	How serious?	Can it be prevented by inoculation?	At what age should child be inoculated?	Is there specific treatment?
Chickenpox	2 to 3 weeks . . .	Not more than 10 days after appearance of rash.	Not serious but very contagious.	No . . . . .	.....	No.
Diphtheria	2 to 5 days	Until germs have disappeared from discharges and nose and throat.	Very serious	Yes. Diphtheria toxoid.	9 months	Antitoxin.
Dysentery (bacterial).	2 to 7 days	Until germs have disappeared from stools.	Moderate to very serious.	No . . . . .	.....	Serum may be tried.
German measles	2 to 3 weeks	Not more than 7 days from onset of first symptoms.	Not serious but very contagious.	No . . . . .	.....	No.
Hookworm	3 weeks to several months.	As long as infested	Moderately serious.	No . . . . .	.....	Tetrachlorethylene.
Influenza	24 to 72 hours	Unknown. Probably while fever lasts.	Serious	Not yet. In experimental stages.	.....	No.
Malaria	Usually 14 days	As long as the blood contains enough parasites to infect mosquitoes.	Serious	No . . . . .	.....	Quinine; atabrine.
Measles	8 to 14 days	Usually 5 days after appearance of rash. Until discharges have stopped.	Serious, especially in child under 3 years of age.	May be prevented or made milder by use of convalescent serum.	As soon as exposed. Consult physician.	No.

Meningococcic meningitis.	2 to 10 days....	Until germs have disappeared from nose and throat.	Very serious.....	No.....	.....	Sulfa drugs; serum.
Mumps.....	12 to 26 days....	Probably until swelling has disappeared.	Not very serious....	No.....	.....	No.
Pneumonia (lobar).	Variable. Probably 1 to 3 days.	Probably until recovery is complete.	Very serious.....	No.....	.....	Sulfa drugs, penicillin; serum.
Poliomyelitis.....	7 to 14 days....	Not known. Probably at least 2 weeks after beginning.	Very serious.....	No.....	.....	No.
Scarlet fever.....	2 to 7 days.....	3 weeks from beginning and until all discharges have stopped.	Serious.....	Yes. Dick toxin. Not advised for all children. Consult physician.	No special age. Consult physician.	Antitoxin; sulfa drugs.
Smallpox.....	8 to 21 days....	From first symptoms to disappearance of all scabs and crusts.	Very serious.....	Yes. Smallpox vaccine.	3 months and every 5 years.	No.
Tetanus.....	4 to 21 days....	Not infectious.....	Very serious.....	Yes. Tetanus toxoid and antitoxin.	9 months.....	Antitoxin.
Typhoid fever.....	3 to 38 days....	Until repeated examination shows germs have disappeared from urine and stools.	Very serious.....	Yes. Typhoid vaccine.	No special age. Consult physician.	No.
Whooping cough..	5 to 14 days....	Most catching in early stages and for about 3 weeks of whooping period.	Serious, especially in child under 3 years of age.	Yes. Whooping-cough vaccine.	7 months.....	No.

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